

Simicare Limited

# St Margaret's Nursing Home

## Inspection report

20 Twiss Avenue  
Hythe  
Kent  
CT21 5NU

Tel: 01303267557  
Website: [www.stmargaretshythe.com](http://www.stmargaretshythe.com)

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

The inspection was carried out on 20 March 2018, and was an unannounced inspection.

St Margaret's Nursing 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. St Margaret's Nursing Home provides nursing care and accommodation for up to 25 older people, who were living with a range of care needs; including some of whom were also living with dementia. Some people needed support with all of their personal care and some with eating, drinking and their mobility needs. Other people were more independent, needing less support from staff. The service is a detached building set in the centre of Hythe alongside the Royal Military Canal. Accommodation is provided on two floors, the upper floor is accessed by stairs and a passenger lift. Eighteen people were living at the service.

At the last Care Quality Commission (CQC) inspection on 17 and 18 November 2016, the service was rated Required Improvement in Safe, Effective, Responsive and Well Led domains. Rated Good in Caring domain with an overall Required Improvement rating. We found breaches of Regulations 9, 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the provider had not ensured care and treatment was person centred to meet with people's needs and reflect their preferences. The provider had not ensured medicines were properly managed; arrangements were not fully implemented to safeguard against the risks of Legionella and practices did not always follow planned care and treatment pathways to mitigate risk. The provider had not ensured systems or processes were operated effectively to assess and improve the quality and safety of the services provided; or operated effectively to ensure complete, contemporaneous records were kept for each service user; including a record of care and treatment provided. We also recommended that the provider adopted a best practice ethos to ensure health care plans are individually fully completed for each person in relation to their particular condition to meet published guidelines as set out by organisations such as Diabetes UK and the National Institute for Health and Care Excellence (NICE).

We asked the provider to take action to meet the regulations. We received action plans on 10 February 2017, which stated that the provider will be meeting the regulations by 31 March 2017.

At this inspection, we found the service Required Improvement.

There was a registered manager at the service. 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 and associated Regulations about how the service is run.

Risk assessments were in place. However they were not always individualised to the person. We made a recommendation about this.

People were supported to eat and drink enough to meet their needs. However, people did not always received food and drink at an appropriate time and temperature. We have made a recommendation about this.

Records relating to people's care were not always well organised and adequately maintained. We have made a recommendation about this.

People gave us positive feedback about the service they received. People told us they felt safe and well looked after. Relatives who we spoke with during our visit were satisfied with the service.

People continued to be safe at St Margaret's Nursing Home. Staff knew what their responsibilities were in relation to keeping people safe from the risk of abuse but these were not always followed.

Medicines were managed safely. Medicines were recorded, stored or monitored effectively.

Staff encouraged people to actively participate in activities, pursue their interests and to maintain relationships with people that mattered to them.

People received the support they needed to stay healthy and to access healthcare services.

People and staff were encouraged to provide feedback about how the service could be improved. This was used to make changes and improvements that people wanted.

There were enough staff to keep people safe. The registered manager continued to have appropriate arrangements in place to ensure there were always enough staff on shift. The provider followed safe recruitment practice.

Each person had an up to date care plan, which set out how their care and support needs should be met by staff. These were reviewed regularly.

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

Staff received regular training and supervision to help them to meet people's needs effectively.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

Staff showed they were caring and they treated people with dignity and respect and ensured people's privacy was maintained particularly when being supported with their personal care needs.

The registered manager ensured the complaints procedure was made if people wished to make a complaint. Regular checks and reviews of the service continued to be made to ensure people experienced good quality safe care and support.

People were supported to maintain their relationships with people who mattered to them. Relatives and visitors were welcomed at the service at any reasonable time and were complimentary about the care their family member's received.

The registered manager provided good leadership. They checked staff were focussed on people experiencing good quality care and support. Effective systems were in place to enable the registered manager to assess, monitor and improve the quality and safety of the service.

## 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 safe.

Risks to people's safety and welfare were managed to make sure they were protected from harm. However, the provider needs to improve risk assessments in the service to ensure they are person centred.

Medicines had been appropriately administered, recorded and stored.

Staff were recruited safely and there were enough suitable staff to keep people safe and meet their needs.

There were effective systems in place to reduce the risk and spread of infection.

There were effective systems to learn from when things went wrong and to make improvements to the service.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

People's food and fluid had been recorded effectively to evidence that they had sufficient food and drink to keep them well. People's specialist guidance had been followed to ensure they received their food and drink in a safe way. People had a choice of food. However, there was a need for improvement on servicing to meet people's needs.

People were supported with their health care needs and saw healthcare professionals when they needed to. However, some record keeping related to wound care had not been accurate.

People's rights were protected under the Mental Capacity Act 2005 (MCA) and best interest decision made under the Deprivation of Liberty Safeguards (DoLS). People's capacity to consent to care and treatments had been assessed.

People were cared for by staff who had the skills, knowledge and experience required to deliver effective care and support.

**Requires Improvement** ●

The premises were undergoing maintenance because it looked a bit tired. Despite this, the people and the atmosphere were pleasant.

### Is the service caring?

Good ●

The service was caring.

The registered manager and staff demonstrated caring, kind and compassionate attitudes towards people.

People's privacy was valued and staff ensured their dignity.

The staff were knowledgeable about the support people required and about how they wanted their care to be provided.

### Is the service responsive?

Good ●

The service was responsive.

People told us they were encouraged to pursue their interests and participate in activities that were important to them.

The management team responded to people's needs quickly and appropriately whenever there were changes in people's need.

The provider had a complaints procedure and people told us they felt able to complain if they needed to.

People were supported at the end of life to have a comfortable, dignified and pain-free death.

### Is the service well-led?

Good ●

The service was well led.

The quality assurance system was effective in rectifying shortfalls identified.

The service had an open and approachable management team. Staff were supported to work in a transparent and supportive culture.

There was a robust staffing structure in the service. Both management and staff understood their roles and responsibilities.

People using the service, relatives and staff were engaged and

listened to.

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# St Margaret's Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 was a comprehensive inspection, which took place on 20 March 2018 and was unannounced.

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using similar services or caring for older family members.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. CQC were also aware of breaches of the fire regulations, which were found during the fire officer's inspection of the building on 06 November 2017. The information shared with CQC about the breaches indicated potential concerns about the management of risk of fire. This inspection examined those risks. We used all this information to plan our inspection.

People's ability to communicate was limited, so we were unable to talk with everyone. We observed staff interactions with people and observed care and support in communal areas. We spoke with eleven people and five visiting relatives.

We spoke with three care staff, the cook, a registered nurse, the registered manager and the provider. We also requested feedback from a range of healthcare professionals involved in the service. These included professionals from the community mental health team, local authority care managers, continuing healthcare professionals, NHS and the GP. We did not receive any feedback.

We looked at the provider's records. These included four people's care records, which included care plans, health records, risk assessments and daily care records. We looked at four staff files, a sample of audits,

satisfaction surveys, staff rotas, and policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including training records, relevant Deprivation of Liberty Safeguards (DoLS) documentations, and records of audits. The information we requested was sent to us in a timely manner.

# Is the service safe?

## Our findings

People told us they felt safe living in at the home. One person said, "Safe as I'll ever be". Another said, "I feel safe with the staff. They do a good job". Others said, "I'm not safe to live on my own, I feel safe living here because there is always someone around", "I couldn't go home because I can't walk, I feel safer in here because there is always someone to help me", "Carers are very good, I feel safe living here", "The carers [staff] make me feel safe, they are here for me" and "I don't like the hoist but I use it and they are very gentle with me".

A visiting relative told us their family member received safe care. They said, "Staff look after him really well".

At the last Care Quality Commission (CQC) inspection on 17 and 18 November 2016, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not fully ensured proper and safe management of medicines; arrangements were not fully implemented to safeguard against the risks of Legionella.

We asked the provider to take action to meet the regulations. We received action plans on 10 February 2017, which stated that the provider will be meeting the regulations by 31 March 2017.

At this inspection, we found the provider had improved the service by ensuring that they did all that was reasonably possible to ensure proper and safe management of medicines. Arrangements had been fully implemented to mitigate the risk of Legionella.

During the inspection we found that medicines were managed safely. There were appropriate procedures relating to medicines management. Medicines were stored safely and securely. Registered nurses on shift undertook checks on the temperature and cleanliness of medicines storage and these were recorded. Nurses responsible for medicines administration had received relevant training. The registered manager assessed their competency in this area regularly and following any incidents. People's records contained up to date information about their medical history and how, when and why they needed the medicines prescribed to them. We looked at medicines administration records (MARs) which should be completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. During the inspection the nurse in charge administered medicines in a safe way. They explained how they give medicine to people and observed them while taking their medicines. When PRN (as required) medicines were administered, the reason for administering them was recorded within the MAR chart. This indicated that the provider had developed a safe and effective system for the administration of medicines.

The registered manager undertook regular audits of medicines supplies and records. We saw that action had been taken where problems were identified, such as discrepancies in records. Staff had routinely recorded quantities of audited medicines. This meant there were safe and effective method used to track and reconcile quantities of these medicines with MAR chart entries.

The processes for administering and monitoring medical patches were safe. For example, one person was prescribed a pain relieving patch every seven days. We found that this person had been administered the patches and records kept with signatures. In addition, we found that staff recorded where on a person's body they had applied patches or when these were removed. One person said, "I have a pain patch which is moved regularly". Some people required topical creams for their skin, which care staff administered. We noted the topical creams on MARs and there were no gaps in staff signatures.

There were effective systems in place to reduce the risk and spread of infection. Staff showed us a cleaning schedule for the service, which revealed that a routine was in place to ensure that the service was cleaned regularly. We saw that bathroom, toilet, laundry room, corridors, lounges, communal areas and the kitchen were clean. We observed the use of personal protective equipment such as gloves and aprons during our visit. Liquid soap and hand gels were provided in all toilets, showers and bathrooms. The service had an infection control policy that covered areas such as hand washing, use of protective clothing, cleaning of blood and other body fluid spillage, safe use of sharps, clinical waste and appropriate disposal of waste. There were other policies such as Legionella management policy. We viewed current certificates on Legionella water tests and waste disposal. Staff were trained on infection control and food hygiene. This meant that the provider had processes that enhanced infection control and staff were kept up to date with their training requirements. People were cared for in a clean, hygienic environment. People said, "I'm happy with the cleaning and the laundry", "They are cleaning all the time" and "They change the bed regularly".

The provider continued to ensure that the environment was safe for people. Environmental risks were monitored through the environmental risk assessment to protect people's health and wellbeing. These included legionella risk assessments and water temperatures checks, to minimise the risks from water borne illnesses. There were up to date safety certificates for gas appliances, electrical installations, and portable appliances. Staff logged any repairs in a maintenance logbook and the provider monitored these until completion. Staff carried out routine health and safety checks of the service. Staff had received health and safety training.

We received information from Kent Fire and Rescue Service about breaches of fire regulations, which were found during the fire officer's inspection of the building on 06 November 2017. The information shared with CQC about the breaches indicated potential concerns about the management of risk of fire. The responsible person failed to comply with the requirement to review their risk assessment in order to keep it up to date and implement any changes required. The responsible person failed to comply with the duty to set out relevant procedure and safety drills in case of serious and imminent danger. The responsible person failed to take adequate measures to reduce the spread of fire on the premises specifically missing third hinge on the fire doors, the doors to the under stairs cupboards and holes in the compartmentation in the ceiling of the kitchen where the service run above the cupboard.

During this inspection, we examined those risks and found that the provider had responded accordingly to rectify the breaches. Each person's care plan folder contained an individual Personal Emergency Evacuation Plan (PEEP) which had been reviewed in 2017. A PEEP is for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency. The fire safety procedures had been reviewed and the fire log folder showed that the fire risk assessment developed by an external fire safety professional was in place dated 09 January 2018. Fire equipment was checked weekly and emergency lighting monthly. Fire alarm systems were serviced in January 2018. We checked if the missing third hinge on all fire doors had been installed and found these were being installed during the inspection. Holes in the compartmentation in the ceiling of the kitchen where the service run above the cupboard had been rectified. Fire assembly points had been established to the front of the Nursing Home with a sign in place. The last fire drill took place in January 2018.

The home had plans in place for a foreseeable emergency. This provided staff with details of the action to take if the delivery of care was affected or people were put at risk for example, in the event of a fire. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

A business continuity plan continued to be in place. A business continuity plan is an essential part of any organisation's response planning. It sets out how the business will operate following an incident and how it expects to return to 'business as usual' in the quickest possible time afterwards with the least amount of disruption to people living in the home.

The risk of abuse continued to be minimised because staff were aware of safeguarding policies and procedures. Staff had access to the updated local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area. It provides guidance to staff and to managers about their responsibilities for reporting abuse. All staff had completed safeguarding training in 2017. Staff spoken with told us that they would refer to this guidance whenever required. All staff said they would report any suspicion of abuse immediately. A member of staff said, "I have done safeguarding training. It is protecting people from harm". Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. A member of staff said, "Whistleblowing, there is a policy yes. If we see something happening, go and raise it to a manager, if the registered manager ignores it, I will go higher or to CQC". The provider also had information about safeguarding and whistleblowing in an accessible format on a notice board for people who used the service, and staff.

We checked recruitment records to ensure the provider was following safe practice. The provider had carried out sufficient checks to explore the staff members' employment history to ensure they were suitable to work with people who needed safeguarding from harm. We reviewed four staff files and saw that recruitment processes had been fully carried out in line with the provider's policy or Schedule 3 of the Health and Social Care Act. There were no gaps in staff employment histories. A minimum of two references had been received by the provider for all new employees. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. There were also additional checks when the service was employing a nurse such as ensuring they were registered with the Nursing and Midwifery Council.

People were supported in accordance with their risk management plans. We observed support being delivered as planned in people's care plans. The risk assessments promoted and protected people's safety in a positive way. These included assessing the moving and handling, medication, nutrition and falls. Staff told us these were to support people with identified needs that could put them at risk, such as when their needs changed. However, it was difficult to link risk assessments to care plans and to identify what each risk meant to that person such as Waterlow and Malnutrition Universal Screening Tool (MUST). The Waterlow score (or Waterlow scale) gives an estimated risk for the development of a pressure sore in a given person and MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under nutrition), or obese. It also includes management guidelines which can be used to develop a care plan. It was difficult to identify how this was then translated into people's individual care plans. For example, for one person, on 02 February 2018 and 08 March 2018, Waterlow assessment score was 39 and stated 'very high risk'. A skin integrity assessment was completed and scored High. This identified a need for a dynamic air flow mattress. However, there were no further control measures in place. There was information attached to the falls risk assessment which was generic guidance for those identified as high and low risk of falls but did not make clear what were the appropriate control measures for the individual. The above showed that

risk assessments control measures had not been fully incorporated into people's care plan.

We recommend that the provider seek advice and guidance from a reputable source on how to improve risk assessments in order to adequately mitigate risk to people the service.

The risks to people from developing pressure ulcers were assessed and people at high risk had measures in place to manage this risk for them. People were provided with pressure relieving equipment where required. Where people needed to be regularly repositioned, the required frequency was noted and staff had documented this care had been provided.

Staff maintained an up to date record of each person's incidents or referrals, so any trends in health and incidents could be recognised and addressed. For example, on 18 March 2018, one person was in their room and slipped from the toilet and sustained a bruise on right shoulder. The nurse in charge administered treatment. The person's care plan and risk assessment were updated accordingly to prevent or reduce the same happening again. The registered manager monitored people and checked their care plans regularly, to ensure that the support provided was relevant to the person's needs. The registered manager was able to describe the needs of people at the service in detail, and we found evidence in the people's care plans to confirm this. This meant that people could be confident of receiving care and support from staff who knew their needs.

There were enough staff to support people. One person said, "On the whole enough staff". Staff rotas showed the registered manager took account of the level of care and support people required each day, in the service and community, to plan the numbers of staff needed to support them safely. Staff rota's showed that the service had always ensured that staffing was within its identified safe staffing levels. There were separate teams of staff for night and day shifts and the service also employed casual staff to provide cover if anyone was unable to work. The registered manager said that they would only use agency staff if it was an emergency however this rarely happened. We observed that staff were visibly present and providing appropriate support and assistance when this was needed. We noted an air of calm in the service and staff were not rushed.

The provider learnt from when things went wrong and made improvements following these. All accidents and incidents were recorded and analysed. The analysis considered whether things could have been done differently to prevent the accident or incident. Following an incident in 2017 the provider had taken action to review people at risk of falling and whether the staffing levels and equipment used were right for each person. They regularly reviewed this information. The registered manager analysed all changes affecting people each month, for example looking at infections, hospital admissions, medicines errors, changes in weight and skin integrity. This was recorded and the registered manager shared the information with registered nurses so they could learn from the events. The staff took part in daily handovers of information where they shared learning about any changes in the home and reflected on their practice to see if improvements could be made.

There were on call arrangements in place for out of hours to provide additional support if staff needed it. Staff were able to call the registered manager who would either provide advice over the phone or go to the service.

## Is the service effective?

### Our findings

Our observation showed that people were happy with the staff that provided their care and support. There were positive interaction between people and staff. One person said, "I like to be as independent as I can, the carers allow me to wash myself, they stand back and watch but are there in case I need them" and "I think they have all the skills to look after me". One relative said, "The staff definitely seem skilled and well trained". Another said, "We accompany mum to hospital appointments but I am confident a carer would if we were not able to".

At the last Care Quality Commission (CQC) inspection on 17 and 18 November 2016, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Practices did not follow planned care and treatment pathways.

We asked the provider to take action to meet the regulations. We received action plans on 10 February 2017, which stated that the provider will be meeting the regulations by 31 March 2017.

At this inspection, we found the provider had improved the service by ensuring that they did all that was reasonably possible to adhere to planned care and treatment pathways.

The registered manager undertook an initial holistic assessment with people before they moved into the home. The assessment checked the care and support needs of each person so the registered manager could make sure they had the skills and levels of staffing within the staff team to care for the person appropriately. As part of the initial assessment, the registered manager carried out advanced care planning assessment. The registered manager said, "When a new person moves in, I do advance care planning with them. We are doing end of Life 'National Gold Standards Framework (GSF)'. We presently have only one person on end of life". GSF is a systematic, evidence based approach to optimising care for people approaching the end of life, delivered by generalist frontline care providers. The training programme helped staff to support all people approaching their last year/s or so of life in any setting. People and their family members were fully involved in the assessment process to make sure the registered manager had all the information they needed.

The initial assessment led to the development of the care plan. Individual care plans were detailed, setting out guidance to staff on how to support people in the way they wanted. Staff told us they had all the information they needed within the care plan to support people well. Care plans covered all aspects of people's daily living and care and support needs. The areas covered included medicines management, personal care, nutritional needs, communication, social needs, emotional feelings, cultural needs and dignity and independence.

Care plans were regularly reviewed. All the care plans we looked at had been reviewed in March 2018. Care plan reviews were thorough, capturing any changes through the previous month or if there had been interventions with health care professionals. Daily records were maintained by staff. Records included personal care given, well-being, activities joined in, concerns to note and food and fluids taken. Many

records were made throughout the day and night, ensuring communication between staff was good, benefitting the care of each person.

However, some record keeping had not been accurate in some areas. In people's care files, there were individual wound care plans in place for those people who had a pressure sore. In one person's care file, the wound care plan did not always correspond with the main care plan for the person. For example, for one person it said in their wound care plan, following advice from the tissue viability nurse that they needed to be repositioned every two hours including at night. However the forms completed for repositioning showed that staff had recorded that the person had been repositioned every four hours. We asked the registered manager about this and they said that they turned people every two hours during the day and four hours at night to prevent them from being disturbed in their sleep. However, this may not have been in the best interests of the person with the pressure wound and there was no documented decision making process or consent given to only be repositioned every four hours at night which was in conflict with the person's wound care plan.

We recommend that the provider seek advice and guidance from a reputable source about keeping accurate and contemporary notes in terms of meeting people's needs.

People continued to be supported to maintain good health. Staff ensured people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist health needs. People's individual health plans set out for staff how their specific healthcare needs should be met. Staff maintained records about people's healthcare appointments, the outcomes and any actions that were needed to support people with these effectively. Doctors notes recorded and other records showed when other healthcare professionals visited such as older people's mental health team and lymphedema service. This showed that the registered manager continued to ensure that people's health needs were effectively met.

People were supported to have enough to eat and drink and were given choices. Staff were aware of people's individual dietary needs and their likes and dislikes. Care records contained information about their food likes and dislikes and there were helpful information on the kitchen notice board about the importance of good nutrition, source and function of essential minerals for both staff and people to refer to. People said if they did not want to eat what had been cooked they were offered alternatives. However, there were mixed comments about the food from people. Comments included; "You get a choice, if there is still nothing there you like. They try to find something you do like", "With regard to food, some you like, some you don't. They served chips with sausage casserole today, and I didn't order chips. There is always a choice and you can always ask for more", "Food is a bit ordinary, it has been better", "It's alright, they always offer to cook anything you want but I just eat what comes" and "Plenty of drinks, you can have fruit if you want it".

People told us they had choices of food at each meal time and chose to have their meal in the dining room or their bedroom. On the day of the visit, only one person ate in the dining room. We observed hot and cold drinks being offered to people throughout the day. One person said "You get plenty of drinks". However, another person who was cared for in bed said, "The staff find it difficult to give me a drink of Fortisip". Fortisip is a therapeutic food. It is a ready-made milkshake style drink meant for consumption by people who cannot consume enough solid food to maintain a balanced diet and is also suitable for people with eating disorders. The cook had a good understanding about individual needs and specialist diets, such as vegetarian and fortified diets.

On the day of the visit the menu was sausage casserole with mashed potato or fish and chips, the vegetable was sweetcorn with jam sponge and custard for pudding. We observed dinners plated and left on a shelved

trolley in the corridor until carers were able to serve and support people to eat in their rooms. It was not a heated trolley thereby, some meals were not hot when served. One person was the only person in the dining area. The person knocked on the table to get a member of staff's attention. The member of staff who came in was very brusque telling the person not to do that. The person asked for their meal to be heated up as it was cold. The member of staff took the person's plate away back to the kitchen. Another member of staff came in to the dining room to see why the person had knocked. The person apologised and said that they had knocked as their meal was cold and wanted it to be heated up. The other member of staff said not to worry. The meal was brought back within five minutes and the person was told to be careful with the plate as it was very hot. When another member of staff came to take the person's plate away, they noticed that the person had not eaten it all. The person said that it was not very nice and they thought it had been cooked too long "Or that's what it tasted like anyway". The member of staff apologised and asked the person if they would like another cup of tea which they said, "I would love tea". We fed back our findings to both the provider and registered manager on the day of the inspection. We were informed by the registered manager in an email two days after our inspection that they had taken appropriate action which would ensure no future reoccurrence of incident explained above.

We recommend that the provider and registered manager review arrangements for storing food which is ready for eating to ensure that the temperature is maintained to meet people's satisfaction.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and what any conditions on authorisations to deprive a person of their liberty were.

The service was working in accordance with the MCA and associated principles. Where people could consent to decisions regarding their care and support this had been well documented, and where people lacked capacity, the appropriate best interest processes had been followed. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. Staff had received training in MCA and DoLS and understood their responsibilities under the act. For example, one person who lacked capacity and needed to remain in secure environment had the capacity assessment carried out according to the principles. A discussion was held with people involved and their advocates. It was agreed that the person remained in the home for their own best interest. This showed that the registered manager applied the principles of MCA 2005 within the service in a person centred manner which involved people in decisions about meeting their needs effectively.

People's consent and ability to make specific decisions had been assessed and recorded in their records. People said that they had been given a choice of who could assist them with their personal care. One person said, "I was asked if I wanted a male or female carer and I said I didn't mind". Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the authorisation. The registered manager told us that people's DoLS were regularly reviewed with the local authority. We saw evidence of these in people's care plans. Most people who lived at the service had authorised DoLS in place to keep them safe. These had been appropriately notified to CQC.

Since our last inspection, records showed staff had undertaken training courses in all areas considered essential for meeting the needs of people. This helped staff keep their knowledge and skills up to date. All staff had been trained in equality and diversity, valuing people and respecting differences. Other areas of training that reflected their job roles were incontinence, health and safety, dementia, fire and food hygiene. All staff had been set objectives which were focussed on people experiencing good quality care and support which met their needs. The registered manager checked how these were being met through an established programme of supervision (one to one meeting) and an annual appraisal of staff's work performance. This was to provide opportunities for staff to discuss their performance, development and training needs, which the registered manager was monitoring. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Staff confirmed to us that they had opportunities to meet with their manager to discuss their work and performance through supervision meetings.

The premises were undergoing maintenance because it looked a bit tired. Despite this, the people and the atmosphere were pleasant. A maintenance person was employed and made sure all essential works and servicing were carried out at appropriate intervals. External professionals were contracted to carry out essential maintenance which the maintenance person was unable to do. Contracted maintenance people were in the service each day. This meant they were available to respond to requests for repairs and maintenance from people, the registered manager or staff without delay.

## Is the service caring?

### Our findings

People told us most of the staff was kind and caring towards them. One Person said, "Staff are great they couldn't be any friendlier, there is nothing they won't do for you". Another said, "I've not met a member of staff who is not obliging". Other comments included, "Nurse at night leaves my medication till last and comes in for a chat".

Visiting relatives commented, "Staff are very caring and they check on him [family member] regularly"; "All the staff are good"; "Carers all very kind and considerate"; "I've not yet come in and found a grumpy carer"; "Friendly staff" and "Mum has had times when she is quite low and they have taken the time to chat to her".

We observed that people continued to be supported by caring staff that were sensitive in manner and approach to their needs. For example, after lunch time, we observed the nurse in charge dancing for one person in order to help them relax and take their medicine. This example was indicative of the warmth shown by all staff during our inspection. We saw that people looked relaxed, comfortable and at ease in the company of staff. Staff always treated people with kindness, respect and a sense of humour.

The staff on shift knew and understood each person's needs very well. Staff knew people's names and they spoke to them in a caring and affectionate way. They had knowledge of their past profession and who was important in their life. Staff had a good understanding of people's personal history and what was important to them. They understood the importance of respecting people's individual rights and choices.

People's bedrooms and the corridors were filled with their items, which included; pictures, furniture and ornaments. One person said "I have personalised my room as much as I can" and another person said, "I can bring my own things in". This combined with information in their care plans, provided staff with a wealth of information about people, for staff to use to engage them in conversation.

We observed positive interactions between people and staff. Staff gave people their full attention during conversations and spoke with people in a considerate and respectful way using people's preferred method of communication wherever possible, such as facial expressions or verbal communication. They gave people the time they needed to communicate their needs and wishes and then acted on this.

People's right to privacy and to be treated with dignity was respected. We saw staff did not enter people's rooms without first knocking to seek permission to enter. Staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care and medicines to maintain their privacy and dignity. One person said, "They draw the curtains, shut the door and cover me with a towel for modesty". Another said, "My door is always open but they still knock". People told us they were able to make their own choices. For example, what time they liked to get up or go to bed. One person said, "I get up when I like and go to bed when I like, I choose my own clothes".

Staff respected confidentiality. When talking about people, they made sure no one could over hear the conversations. All confidential information was securely kept in the office. People had their own bedrooms

where they could have privacy and each bedroom door had a lock and key which people used. Records were kept securely so that personal information about people was protected.

People's life histories and likes and dislikes had been recorded in their care plans. Staff encouraged people to advocate for themselves when possible. Each person had a named key worker. This was a member of the staff team who worked with individual people, built up trust with the person and met with people to discuss their dreams and aspirations. People were encouraged to practice their religious faith. One person said, "My church has been in to see me, which I liked".

People's relatives told us that they were able to visit their family member at any reasonable time and they were always made to feel welcome. One relative said, "Always offer drinks when I arrive".

# Is the service responsive?

## Our findings

One person said, "I take myself out in my motorised wheelchair". Another said, "Activities leader comes in fairly regularly to have a chat we talk about fungi and trees".

Reviews on carehome.co.uk stated, 'My mum is a different lady, has lots of activities and things to do' and 'The staff were lovely'.

At the last Care Quality Commission (CQC) inspection on 17 and 18 November 2016, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Individual needs and preferences had not been established. The provider had not designed care and treatment with a view to achieving people's preferences and ensuring their needs were met.

We asked the provider to take action to meet the regulations. We received action plans on 10 February 2017, which stated that the provider will be meeting the regulations by 31 March 2017.

At this inspection, we found the provider had improved the service by ensuring that they did all that people's needs and preferences were established and adhered to in order to ensure their needs were being met.

Care plans contained detailed guidance for staff about the support people required in relation to their daily living, social and health needs. Moving and handling plans were detailed and included what they person could do for themselves and they type of support they required such as prompts or hand over hand support. Staff followed this guidance when supporting people during the inspection to ensure their safety. Care plans were individualised and each person's individual needs were identified, together with the level of staff support that was required to assist them. There was information with regards to people's personal histories such as where they were born, any special places that held an important memory, favourite possessions and family and friends. People's daily routines were detailed and included people's personal preferences. For example, if they preferred male or female staff to support them. Staff were knowledgeable about people's preferences and demonstrated they were considered in all aspects of each person's care and support. Each person had a one page profile which included a summary of their needs and preferences. This meant essential information about each person was easily accessible to staff to enable to support them.

Staff had access to detailed information regarding meeting people's needs safely. For example, where a person had a catheter, there continued to be information about emptying and changing the catheter bag. There were guidelines in place for staff about monitoring the person's urine output and the colour and encouraging fluids. The daily records we looked at clearly confirmed these. There were three people who had catheter bags. The registered manager completed a care plan named, 'Elimination care plan', which detailed people's needs such as incontinence, use of catheter and if the person used incontinence pads. This also contained information about Urinary Tract Infections (UTIs) and steps to take. Guidance was provided to staff about how and when people's catheter bags should be emptied, what to do if blood was present in urine, the increased risk of UTIs, how to recognise a UTI, how this may affect people's mobility and cognitive abilities or how the catheter tube should be positioned to prevent risk of skin damage or

compression of the tube, which may prevent adequate drainage. The staff, the registered manager and nurses had a good understanding of catheter care. People with diabetes had care plans which identified the signs and symptoms they may display when they became unwell due to this condition or what action staff should take to keep the person safe. People had had their care plans reviewed in March 2018 and there continued to be good information about risks and keeping people safe.

The provider employed one activity coordinator who planned and facilitated a number of group and individual social activities. There was a plan of special events and activities and these were advertised. We saw the activities coordinator encouraging people to take part. People who did not want to join in group activities were offered individual support according to their needs and choices. There was a range of resources for people to use, such as games, craft activities, books, DVDs, puzzles and toys. A visiting relative said, "Art Society come to see him and he goes to an art group every other week". One person said, "The activities leader comes around and talks to me". Another said, "I join in with the activities".

People told us they knew who to complain to if they needed to. One person said "I would talk to the activities leader. I get on well with her". Another said, "I have not complained about anything but I would be happy to if I had to" and another person said, "I have no need to make a complaint but I would be happy to do so if I needed to".

Visiting relatives knew how to complain. They said, "I have not needed to make a complaint but would be happy to should the need arise" and "I cannot complain, I think they are really wonderful, I would recommend the home to all my friends there is a lovely, homely natural atmosphere, not clinical at all".

The complaints process was displayed in one of the communal areas so all people were aware of how to complain if they needed to. The information included contact details for the provider's head office, social services, local government ombudsman and the Care Quality Commission (CQC). Staff told us that they would try to resolve any complaints or comments locally, but were happy to forward any unresolved issues to the registered manager. The provider kept a record of complaints and how these were investigated. Action had been taken to learn from these and make improvements to the service. For example, a complaint received on 17 July 2017 from a relative of a person who used the service regarding quality of care of care. A meeting was held on 18 July 2017 with the relatives and local authority safeguarding team visited on 20 July 2017. An acknowledgement letter was sent to the relatives on 24 July 2017 following the meeting to let them know that the provider would be investigating. Disciplinary meetings had been held with staff and appropriate actions taken. However, the registered manager kept no complaints log which would have enabled tracking. We fed back our findings to both the provider and registered manager who assured us that a complaint log would be put in place.

People being cared for at the end of their lives were kept comfortable and pain free. Only one person was end of life care when we inspected. Care plans included information about people's wishes and preferences for care at this time. The staff worked closely with palliative care teams to make sure each person had the individual support they needed. They were able to request a visit from palliative care professionals if they needed any advice or people required changes to their care plan. There was clear guidance regarding management of pain and the staff had access to additional support and medicines for people who had been assessed as potentially needing these in the last few days of their lives.

## Is the service well-led?

### Our findings

People knew the registered manager and said they regularly visited them in their rooms. We observed people engaging with the staff in a relaxed and comfortable manner. One person said, "They tell me about residents meetings and keep me up to date with all the things whether you go is up to you".

Relatives knew who the management team were and were confident in approaching them with any problems if they had any. Relatives commented, "The manager is very approachable, he [family member] lost his false teeth elsewhere before he got here and she has sorted him some new ones", "Manager and her administrative assistant are so approachable" and "I know the manager, she is very approachable".

At the last Care Quality Commission (CQC) inspection on 17 and 18 November 2016, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The failure to provide appropriate systems or processes to assess, monitor and improve the quality and safety of services and maintain complete records of care and treatment provided.

We asked the provider to take action to meet the regulations. We received action plans on 10 February 2017, which stated that the provider will be meeting the regulations by 31 March 2017.

At this inspection, we found the provider had improved the service by ensuring that comprehensive quality assurance processes were being followed.

We found that the registered manager had implemented a comprehensive quality assurance system and used these principles to critically review the service. Regular checks were carried out on the quality of the care delivered at the service. Records showed that the provider carried out a range of audits in areas such as medicines, care plans and health and safety. The provider also carried out series of audits either monthly, quarterly or as at when required to ensure that the service runs smoothly, such as infection control. For example, weekly audits included care plans, which included fluid, food and turn charts, continence and mouth care, topical creams and patch application, diabetic foot audit checks, nurse call bell and red cord pull audit and airwave mattress audit to checks body weight and ensured that the mattress was on the correct setting for the person's weight. Medicine audit of MAR charts were carried out monthly. This was last done on 28 February 2018. This audit found that allergies had not been recorded at the top of one person's medication chart. This had been rectified in a timely manner. This showed that the registered manager used these audits to review the service.

There continued to be a management team at St Margaret's Nursing Home. This included the registered manager and the provider. Support was provided to the registered manager by the provider in order to support the service and the staff. The provider visited to support the registered manager with the inspection.

Staff told us that the management team continued to encourage a culture of openness and transparency. Staff told us that the registered manager had an 'open door' policy which meant that staff could speak to them if they wished to do so and worked as part of the team. A member of staff said, "The manager is always

there for residents, always there for families, really lovely. She always goes the extra mile. She is really nice. Absolutely, any problem I will go straight away and she will listen. Really happy working here". Another said, "We all work as a team, the manager is really nice" and another said, "Good management. The manager is very supportive. Any issues she will listen, she works so hard, you know what you're doing. Can go to her any time. Can go into office any time".

The registered nurses felt wholly supported by the management team, including the re validation requirements made by The Nursing and Midwifery Council (NMC) for registered nurses, to continue practicing as a registered nurse. They felt there was an inclusive culture where they could raise concerns, make suggestions on improvements and they would be listened to. The registered manager demonstrated a good knowledge of people's needs. During the inspection we observed that people engaged well with the registered manager who was open and approachable. Staff were clear about their role and responsibilities and were confident throughout the inspection.

Communication within the service continued to be facilitated through monthly meetings. These included, staff meetings, night staff meetings, registered nurses meetings, maintenance, kitchen staff, relatives meetings and 'resident's meetings'. We looked at minutes of January 2018 staff meeting and saw that this provided a forum where areas such as staff trainings, rota, activities and people's needs updates amongst other areas were discussed. Staff told us there was good communication between staff, people, relatives and the management team.

The provider continued to have systems in place to receive people's feedback about the home. The provider used an annual questionnaire to gain feedback on the quality of the service. These were sent to people, staff, health and social care professionals and relatives. Staff surveys had been sent out in October 2017. There had been 15 out of 38 surveys returned. The surveys had asked 'In general how satisfied are you? Seven answered very satisfied, four satisfied, one not sure, one dissatisfied and two no response. There were no further information about the reason why the staff was dissatisfied. However, when staff were asked if they received support from line manager, ten stated 'very satisfied' and five stated 'satisfied'. This demonstrated that majority of staff were satisfied. Healthcare professional's questionnaire had been sent out in October 2017. Three responses were received and these were positive. People had been sent satisfaction surveys in October 2017. Seven were returned and everyone was satisfied with the provision of care. The registered manager told us that completed surveys were evaluated and the results were used to inform improvement plans for the development of the home.

The registered manager was proactive in keeping staff informed on equality and diversity issues. They discussed wellbeing, equality and diversity issues with staff team regularly. The registered manager said, "All my staff are diverse staff group from diverse ethnic background".

The registered manager understood their responsibilities around meeting their legal obligations for example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the entrance to the home and on their website.

The registered manager worked closely with other organisations such as the commissioning authorities and other providers to make sure they were up to date with best practice and legislation. St Margaret's Nursing

Home is a member of registered nursing home association, which supported the service in promoting the effectiveness of different approaches to caring for older people, those with disabilities and gave the registered manager access to advice and expertise.