Fins Care Limited

St Margarets Care Home

Inspection report

22 Aldermans Drive
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Tel: 01733567961

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

St Margarets Care Home provides accommodation and personal care for up to 16 adults, some of whom may be living with dementia. The home is situated over three floors with stairs and a stair lift to access upper floors. Two bedrooms were shared; single sex, double occupancy rooms and six bedrooms have an en suite with a basin and toilet. There were communal bathroom and toilet facilities for people who do not have an en suite within their room. There are a number of communal areas within the home and an enclosed garden for people and their visitors to use. At the time of our inspection there were 15 people living at the service.

This unannounced inspection was carried out on 7 September 2017. At the last inspection on 28 October 2016, the service was rated as 'requires improvement.' At this inspection we found that the service had continued to make the necessary improvements.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Staff assisted people in a way that promoted their safety and people were looked after by staff in a kind and caring manner. Staff encouraged people to make their own choices. People's privacy and dignity was promoted and maintained by staff.

Staff were knowledgeable of how to report incidents of harm and poor care. Staff were trained to provide effective and safe care. People were supported to take their medicines as prescribed and medicines were managed by staff whose competency had been assessed.

People and their relatives / advocates were involved in the setting up and agreement of their/their family members care plans. People's care records took account of people's wishes and any assistance they required. The majority of risks to people who lived at the service were identified and plans were put into place by staff to minimise and monitor these risks. However, not all risks to people had been formally assessed.

People were looked after by enough, suitably qualified staff to support them safely with their individual needs. There was a documented process to determine safe staffing levels in conjunction with people's assessed dependency needs.

People were supported to eat and drink sufficient amounts of food and fluids. Staff monitored people's health and well-being needs and acted upon issues identified. Staff supported people to access a range of external health care services where needed and people's individual health needs were met.

Activities took place at the service; however, some people felt that the number and type of activities taking

place could be increased/ improved to enhance social interactions.

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 enjoyed their work and were supported by the registered and deputy managers. Staff understood their roles and responsibilities and were supported to maintain their skills by way of supervision and appraisal. Pre-employment checks were completed on new staff members before they were deemed to be suitable to look after people living at the service.

The service was responsive and flexible to people's needs. People maintained contact with their relatives and friends and they were encouraged to visit the service and were made very welcome by staff.

There was an 'open' culture within the home. This was because there was a process in place so that people's concerns and complaints could be listened to and acted upon. Wherever possible, complaints were resolved to the complainants' satisfaction.

Arrangements were in place to ensure the quality of the service provided for people was regularly monitored. People who lived at the service, their relatives and staff were encouraged to share their views and feedback about the quality of the care and support provided. Actions were taken as a result to drive forward any improvements required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People's medicines were managed safely.

Staff were aware of their responsibility to report any concerns about suspicions of harm and/or poor care.

People's care and support needs were met by a sufficient number of suitably trained staff who had been recruited safely.

Is the service effective?

Good

The service was effective.

The provider was acting in accordance with the principles of the Mental Capacity Act 2005. This meant that there was a decreased risk that people had unlawful restrictions imposed on them.

People's nutritional and hydration needs were met.

Staff were trained to support people effectively. Staff performance was reviewed via supervisions and competency checks.

People were enabled to access external healthcare provision when required.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was promoted and maintained by staff.

People and/or their relatives were involved in the setting up and review of their care records.

Arrangements were in place to support people with accessing advocacy services if needed.

Is the service responsive?

Good

The service was responsive.

Activities for people living at the service were sometimes limited. This meant that people were put at risk of social isolation.

People's support and care needs were assessed, discussed, planned, agreed and appraised to make sure they met their current requirements.

There was a process in place to receive and manage people's suggestions, concerns and/or compliments.

Is the service well-led?

Good

The service was well-led.

Governance and audit arrangements were effective in identifying areas for improvement.

People were given opportunity to engage with the service and feedback on the quality of service provided.

A registered manager was in post and they supported an open and honest staff culture.

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 7 September 2017. The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is somebody who has had experience of a family member living in this type of service.

Before the inspection, the provider completed 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 this and other information we hold about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. Before the inspection we received information from a representative of the local authority quality improvement team; a representative of a local authority contracts monitoring team, and a fire safety officer to aid us with planning this inspection.

During the inspection we spoke with three people who used the service, three relatives/visitors, the registered manager; deputy manager; and two senior care staff. We also spoke with a visiting community nurse. We looked at two people's care records and records in relation to the management of the service, management of staff, management of people's medicines and two staff recruitment files. We also observed staff interactions with the people they supported to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People and relatives of people said that they, or their family members, felt safe living at the service. This was because of the support and care provided to them/their family member by a regular group of staff. They confirmed to us that they knew who to contact if they had any concerns. One relative told us, "It is a safe home with all the staff around." Another relative said, "[Family member] is safe here as it is a secure building."

Prior to the inspection, a concern had been raised with the CQC about how people were supported by staff during the night time. CQC shared these concerns with the local authority adult social care and safeguarding team. During this inspection the registered manager showed us the checks that they had put in place as a result of learning from the concerns raised.

Staff spoken with were able to demonstrate that they knew how to recognise and report any suspicions of harm or poor care. They gave examples of different types of harm and what action they would take in protecting and reporting such incidents internally or to external agencies. One staff member said, "I would report [concerns] straight away, and raise [concerns] with the management here." Another staff member told us, "I would raise the concern with the registered manager and then if no action was taken I would ring the CQC, I have your [telephone] number." Training records confirmed that staff had received training in respect of safeguarding adults. This showed us that staff knew the processes in place to reduce the risk of harm occurring.

Records showed that pre-employment checks were carried out to clarify that the proposed new staff member was of a good character. Staff spoken with confirmed that these checks were in place prior to them starting work at the service. Checks included, but were not limited to; reference checks from previous recent employment; criminal records checks from the disclosure and barring service (DBS); gaps in employment history explained; and proof of identity. This demonstrated to us that there was a process of checks in place to make sure that staff were deemed suitable to work with the people they supported.

Care, support plans and risk assessments were in place and staff were aware of their responsibilities and roles in keeping people safe. This included following the guidance as set out in people's risk assessments. Risks included, but were not limited to; people being at risk in relation to their moving and handling; being at risk of falls; the risk of having bedrails in situ; and a person's nutritional and hydration risk. These assessments included actions to be taken by staff to minimise the risk of harm to people as far as possible. A visiting community nurse confirmed to us, "I think that the care provided is personal and attention is given to the individual, everyone's needs are met." However, we saw that risk assessments around people smoking and any risks associated around how this was managed, including how people's cigarettes and lighters were kept, were not documented. We spoke with the registered manager about this during the inspection and they confirmed to us that this would be reviewed as a matter of urgency.

Risk assessments included risks in the event of a foreseeable emergency such as a fire. The service had a recent inspection by the local fire safety service. Some actions were required and the service had, and

continued to make, the necessary improvements. However, we noted that staff did not always lock away their personal belongings which may include cigarettes, lighters and their own medicines. This created an increased risk to service users. We spoke to the deputy manager about this during the inspection and they told us that action would be taken so that staff could lock away their personal belongings securely.

Records showed that personal emergency evacuation plans were available for people living at the service. Staff told us that they attended fire safety training and that on occasion, fire drills were practiced. This indicated to us that there were arrangements in place to assist people to be evacuated safely in the event of an emergency.

We looked at records for checks on the home's utility systems and building maintenance. These showed that the registered manager made checks to make sure people were, as far as practicable, safely cared for in place that was safe to live in, visit and work in.

We saw the medicines trolley was locked during the medicines round when the staff member was not in attendance. We noted that the staff member did not sign to say that the prescribed medicine had been given until people were observed swallowing their medicine. People and their family members told us that they had no concerns with the way their/their relatives prescribed medicines were managed. A relative told us that their family members medicines management, "Were okay." People spoken with said, and we observed, that staff supervised them taking their medicines. One person confirmed to us that, "I get my medication on time."

Staff told us they had attended training, refresher training, and had spot checks carried out in the management of people's medicines. We saw that medicines were stored securely and at the correct temperature. There was basic information in place for people who required support with their 'as and when needed' (prn) medicines. Such as those for pain relief and/or increased agitation and the frequency people could have these medicines if required. However, individualised information which detailed the steps staff had taken before resorting to 'as and when required' medicine was not recorded as guidance for staff. Although on speaking to staff and our observations showed that staff had this knowledge. We spoke with the registered manager about this during the inspection and they assured us that they would make the necessary improvements to the documentation. Medicine administration records (MARs) we looked at, showed that medicines had been administered as prescribed.

During this inspection, we observed a person being moved by staff using equipment in a correct manner and in line with their training. The hoisting was done by two staff members who were seen to explain the whole process to the person they were supporting and at the person's preferred pace. This correct use of equipment decreased the risk of the person becoming anxious and possibly injured.

An adequate dependency tool was used to determine safe staffing numbers based on people's assessed care and support needs. We found that there was a mixed response from people and their relatives who told us whether there was enough staff on duty. One relative said, "The home [staff members] meets the needs of my [family member]." However one person told us, "I wish they [staff] had more time to sit down and chat, but someone does try and come round to speak to you when they can." During this inspection we saw that there was enough staff to meet people's needs. Staff were busy but did not hurry the people they were supporting.

Good

Is the service effective?

Our findings

Staff told us, and records confirmed that they received training to deliver effective care and support that met people's individual needs. Records of training undertaken included; moving and handling; food hygiene; safeguarding adults; dementia; health and safety; fire safety and first aid. Other training included, but was not limited to; mental capacity act (2005), deprivation of liberty safeguards; basic life support; information governance and infection control. Supervisions and appraisals were also used by the registered manager to monitor staff members' progress. These meetings were also a place to discuss any additional support needed, and any training and developmental needs. This demonstrated to us that staff were supported to maintain and develop their skills and knowledge.

Staff told us that they had to complete an application form, when applying to work at the service and had attended a face-to-face interview. New staff then completed an induction programme. Staff told us that their induction consisted of training, getting to know the organisation and service, and 'shadowing' a more experienced staff member. This was until the registered manager deemed them confident and competent to carry out care and support. A staff member confirmed, "I could not deliver care before my training [was completed]."

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes are called the Deprivation of Liberty safeguards (DoLS). People's capacity to make day-to-day decisions had been assessed by the registered manager. Staff we spoke with demonstrated to us a basic understanding of how they put their MCA and DoLS training into practice. One staff member said, "You give a person a choice and don't push or force a person to do something. A person has a right to say no." Another staff member told us, "Some people lack [mental] capacity, to help with choices you use visual prompts to help them make a choice. If they can't make a choice because of their [mental] capacity diagnosis, you use a best interest decision." We found that people were supported with making their decisions and had no unlawful restrictions imposed on them.

People told us that staff asked them their preferred choices and respected these decisions. This was confirmed by our observations throughout the inspection. One person said, "The staff are very supportive and listen to you." This showed us that people's choices were respected by the staff members supporting them.

Our observations showed that people could eat in the dining room or have their meal in their room or lounges if they preferred. Dining tables were laid with a tablecloth, and a placemat to enhance the dining experience for people. Adapted cutlery and plate guards were used to support people, who required this assistance, to help maintain their own independence. Various different meals options were offered to people if they did not want the two main options on offer. People and their relatives had positive views about the food on offer, which was prepared and cooked by a senior member of care staff. One person said, "The food is lovely; it's just the right portion." Another relative told us of the effort staff made to cook a certain type of cultural cuisine their family member enjoyed. They said, "A staff member also cooks this

cuisine at home and they will bring in a meal from home when they cook that food, which is appreciated by the family." This showed us that people's cultural wishes were also acknowledged by staff and catered for.

People were given the option to have hot and cold drinks and snacks, between meals on request. Observations showed that when people asked for extra food and drink, that staff facilitated these requests.

People were supported to access a range of health care services to maintain their health and well-being. Records showed that external health care professionals such as, dieticians, community nurses and GP's were involved in people's care as and when required. A relative told us how their family member's health and well-being had improved since they moved into the service. They said, "There has been an improvement in [family members] health." This, they told us, reassured them that they had made the right decision for their family member to live in a care home. They went on to say, "They [staff] give her all the care that is needed." A visiting community nurse told us of an example of how staff had listened to their guidance and the positive impact this had made. They said, "Staff act upon guidance given and listen."

Good

Is the service caring?

Our findings

Concerns received by the CQC prior to the inspection told us that sometimes people were not left in a dignified manner. The registered manager told us of the additional checks they had put in place to make sure that staff would not leave people during the night in an undignified way.

During this inspection, relative's told us that staff respected their family member's privacy and dignity. One relative said, "Staff are very respectful of [family member] in how they treat them. They have a caring manner. [Family member] is less agitated here and gets on well with the staff." This, the relative told us, gave them comfort and peace of mind. A person using the service confirmed to us that the, "Staff are very nice people who help you and assist you with personal care and bring you drinks."

Our observations during this inspection showed that staff cared for people in a kind and caring way. However, we did note two incidents where staff did not initially show the person they were supporting the utmost respect. Although we saw that the staff members corrected themselves and continued assisting the person in a respectful manner. We spoke to the registered manager about this and they confirmed that they would remind all staff of the importance of being respectful at all times.

Two rooms within the home were for double/shared occupancy. People's privacy and dignity within these rooms were promoted and maintained by the use of a separating curtain. We spoke with the relatives of a person residing in one of the double occupancy rooms. They told us how this had a positive impact on their family member. They said, "It's been a great move for [family member] as they are sleeping better. We think it's given them companionship and the feeling of being safe. [Family member] is settled."

People and their family member's told us that staff were friendly and kind to them. A relative said, "Me and my family are very happy with the care provided to my [family member]." We saw that staff were kind and patient, particularly when people were becoming anxious. We observed that staff kneeled beside people who were sitting, so that they were at eye level, took people's hands to reassure them and talked calmly to them about topics that would distract their anxiety. We saw one staff member take a person for a walk to help alleviate their anxiety about being able to leave the service. We noted that throughout the inspection, people recognised staff, interacted with them and responded to them often with smiles and good humour.

With the support from staff and the registered manager, people's rooms had been individually decorated with their own belongings, including furniture items. This meant that these individualised rooms enabled each person to make the service their own home.

People were supported to maintain contact with their relatives and friends. Visitors to the service told us that they were made to feel very welcome by staff and this was observed during this inspection. A relative told us that when they visit, "I'm looked after and my mum's looked after. I am very pleased." Another relative said, "The home has an open door policy which we really liked. We can turn up when we want and this means that the home [staff and management team] don't have anything to hide."

People's needs were planned for; this included a person's wishes. These plans gave adequate information to staff to help them understand how to support people to meet their required needs. Although, these records were not always as detailed as they could be, particularly around people's specific health care conditions. Records also included people's end of life wishes, including, where appropriate, a wish to not be resuscitated.

Records confirmed that people and /or their relatives were involved in the setting up of their care plans. Relatives told us that they felt involved in their family members care and that they could chat to staff or the registered manager should they need to do so. A relative said, "[Staff] give [family member] all of the care that is needed."

Advocacy services were available to people at the service should they wish, on request. Advocates are people who are independent and support people to make and communicate their views and wishes.

Good

Is the service responsive?

Our findings

We looked at compliments and complaints received by the service. We saw that there was a formal process in place if people ever needed to complain, raise concerns, make suggestions and provide compliments. Compliments received by the staff at the service included, "Thank you for looking after me during the time I had with you," and, "Thank you for all of your care and kindness."

Relatives said that they knew how to make a complaint and that the complaints procedure had been explained to them. One relative told us, "I am happy with the process when we raised the issue…and there has been no animosity. I saw the staff member…they were very friendly." One person said, "The [registered] manager is approachable and listens to you before acting." A second relative told us that they believed the registered manager had an, "Open [door] policy," which they found reassuring. Since the last inspection the service had received seven complaints. These complaints ranged from the hot water being too cold to other people living at the service entering their room without permission. We saw that the complaints had been investigated and actions taken to resolve the complaint, where possible to the persons satisfaction. Staff we spoke with were aware of the procedures to follow if anyone raised a concern with them. One staff member said, "I would help the person raise a concern to help them resolve it." This showed us that people's complaints were taken seriously and dealt with appropriately.

Records showed that people's requirements had been assessed before they moved into the service to make sure that the staff could meet the person's needs. Care plans contained basic information about people's life history before they moved into the service and their current care and support needs. These records were reviewed on a regular basis. These meetings also looked at what was working well and that any changes to the person's care and support required were agreed.

Relatives told us the registered manager and staff were willing to listen to their views. Meetings were held as a forum for relatives and people to be given organisational updates and raise any suggestions or concerns that they may have. These included discussing the recent redecoration of the service and the new menu.

People, and their relative's told us and we observed that they/their family member had access to activities within the service and some links within the community. During this inspection we observed people sat listening to music, having nail care (manicures), or watching the television in the communal lounge. People's opinions of the activities provided were mixed. We saw activities taking place during our inspection; however, some people told us that these activities were sometimes limited. One person said that they felt that the activities were more tailored towards people living with dementia. They told us, "The activities are not what I would want." However, another person said that they enjoyed reading and liked reading books from the bookshelf and this, they said, kept them, "Happy."

During this inspection, there was a religious service held at the home within one of lounges. This was for people to attend, should they choose to do so. We saw that it was well attended and helped people continue to maintain their religious faith, when it was difficult for them to attend a service within the community.

Good

Is the service well-led?

Our findings

There was a registered manager in post. The registered manager was supported by a team of care staff. They demonstrated to us that they understood their roles and responsibilities and told us that they felt supported to carry out these roles.

The registered manager showed us that there were arrangements in place to monitor the quality and safety of the service provided. Examples of quality monitoring checks that took place included people's end of life wishes not to be resuscitated; people's nutritional needs; housekeeping standards; and the number of falls people may have had. Actions from the most recent audits highlighted the need for a person to be referred to a dietician and a missing signature on a person's 'do not attempt resuscitation' form. This demonstrated to us that the registered manager had a system in place that assessed the quality of the service, including shortfalls and actions taken to address them to drive forward improvements.

People and their relatives had positive opinions about the registered manager. Relatives described the registered manager as 'approachable' and 'hands on.' This was confirmed by our observations during this inspection.

Meetings were held with people living at the service and their relatives to keep them updated and for them to feedback with any suggestions or concerns that they have had. A recent meeting had discussed changes to the menu on offer and a person was documented as having said they were, "Happy with the choice." Relatives described the service as having an 'open door policy' which meant that they felt listened to and engaged with. This showed us that there were meetings held to engage people living at the service and their visitors, with the running of the service.

Staff attended meetings and said that they could raise any suggestions and/or concerns that they might have and be listened to. Records showed that at these meetings, information and ideas on how to improve the service were discussed and updates on people's health, care and support needs. Staff meetings were informative about the expectations of the provider. Updates also included any organisational changes and reminded staff of their roles and responsibilities in providing people with safe care that met their individual needs.

Surveys for people were in an easy read/ pictorial format (thumbs up/thumbs down) to make sure that the majority of people could voice their opinion on the service provided. Feedback received showed that people found the care and support provided to be positive, with no actions currently required.

Staff were aware of the whistleblowing policy and procedure and their responsibility to raise any concerns that they may have. They told us they would have no hesitation in whistle-blowing if the need arose. One staff member told us that they would report concerns, "Straight away."

Staff told us that the culture within the home was 'open' and that the registered manager and deputy manager were supportive. One staff member said, "[They] listen and take things seriously." This showed us

that staff felt valued and listened to.

People's care records were not always held securely. This increased the risk of other people and visitors to the home having access to these records. The deputy manager confirmed that the records would be held in a secure area going forward.

Notifications are for events that happen at the service that the registered manager is required to inform the CQC about such as a person experiencing a serious injury after a fall or safeguarding concern. Our findings showed that the registered manager informed the CQC of these events in a timely manner.