

St. Marguerite Residential Care Home Ltd

St Marguerite

Inspection report

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Date of inspection visit: 12 and 14 August 2015
Date of publication: 08/10/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



Overall summary

St Marguerite is located in a residential area close to Eastbourne town centre. It provides care and support for up to 24 older people with care needs associated with age. The needs of people varied, some people were mainly independent others had low physical and health needs and others had a mild dementia and memory loss. The care home provided some respite care and can meet more complex care needs with community support including end of life care when required. At the time of this inspection 21 people were living at the home.

This inspection took place on 12 and 14 August 2015 and was unannounced.

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

Summary of findings

and associated regulations about how the service is run. At the time of this inspection the registered manager was on extended leave. In his absence the acting deputy manager was managing the service.

The staffing arrangement did not take account of the increasing care needs for people at night. This could put people's care and safety at risk.

We found staff had completed training on safeguarding and could describe different types of abuse. However staff were not able to confirm the correct safeguarding referral actions they would take. This meant that safeguarding issues would not be dealt with effectively and could put people at risk of abuse.

People received care and support that was responsive to their needs because staff knew them well. However care records were not always complete or accurate. This meant staff were not always provided with clear guidance to follow to ensure consistency or to demonstrate that people's care needs were being identified and met.

Feedback received from people, their relatives and visiting health professionals through the inspection process was positive about the care, the approach of the staff and atmosphere in the home. The home was described as having a relaxed, homely and calm atmosphere. One relative said "It's a marvellous place. We all love everything about it. If mum's happy, we're happy, and she's happy here."

People told us they felt they were safe and well cared for at St Marguerite. Recruitment records showed there were systems in place to ensure staff were suitable to work at the home. Medicines were stored, administered and disposed of safely by staff who were suitably trained.

Staff were provided with a training programme which supported them to meet the needs of people. Staff felt

well supported and on call arrangements ensured suitable management cover. Staff knew and understood people's care needs well and there were systems in place for all staff to share information.

Staff treated people with kindness and compassion and supported them to maintain their independence. They showed respect and maintained people's dignity. People had access to health care professionals when needed.

There was a variety of activity and opportunity for interaction taking place in the service. This took account of people's preferences and choice. Visitors told us they were warmly welcomed and people were supported in maintaining their own friendships and relationships.

People had their nutritional needs assessed and monitored and were supported to enjoy a range of food and drink throughout the day. Mealtimes were pleasant and relaxed occasions.

People were given information on how to make a complaint and said they were comfortable to raise a concern or complaint if need be.

There was an open culture at the home and this was promoted by the providers who were visible and approachable. Staff enjoyed working at the home and felt supported. Systems for quality monitoring were in place and were being used to improve the service. People were encouraged to share their views on a daily basis, though 'residents meetings' and satisfaction surveys were being used.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

The staffing numbers deployed did not ensure a suitable number of staff were available for people's safety at night.

Staff were able to recognise different types of abuse but were not clear on what procedures needed to be followed to protect people if an allegation or suspicion of abuse was raised.

Medicines were stored appropriately and there were systems in place to manage medicines safely. Recruitment practices were safe and relevant checks had been completed before staff and volunteers worked unsupervised.

There were systems to promote a safe and pleasant environment for people to live in.

Requires Improvement



Is the service effective?

The service was effective.

Staff were aware of the Mental Capacity Act 2005 and how to involve appropriate people in the decision making process if someone lacked capacity to make a decision.

Staff ensured people had access to external healthcare professionals, such as the GP and specialist nurses as necessary.

Staff were suitably trained and supported to deliver care in a way that responded to people's changing needs.

People's nutritional needs were assessed and recorded. People were consulted with about their food preferences and were given choices to select from.

Good



Is the service caring?

The service was caring.

People were supported by kind and caring staff who knew them well.

People and relatives were positive about the care provided by staff.

People were encouraged to make their own choices and had their privacy and dignity respected.

Good



Is the service responsive?

The service was not always responsive.

Requires Improvement



Summary of findings

People received care and support that was responsive to their needs because staff knew them well. However, some care records needed to be updated. This meant there was no guidance for staff to ensure consistency or demonstrate that people's care needs were being identified and met.

People told us they were able to make individual and everyday choices and we saw staff supporting people to do this.

People had the opportunity to engage in a variety of activity that staff supported people to participate in if they wanted to.

A complaints policy was in place and people said that they would make a complaint if they needed to.

Is the service well-led?

The service was well-led.

The registered manager and the acting deputy manager in his absence was seen as approachable and supportive. The two providers also take an active role in the service.

There was an effective system to assess the quality of the service provided.

Staff, people and visiting health professionals spoke positively of the management team's leadership.

Good



St Marguerite

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 was an unannounced inspection on 12 and 14 July 2015. It was undertaken by an inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

On this occasion we did not ask 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. This was because we were responding quickly to information of concerns that had been raised with us.

During the inspection ten people told us about the care they received and we spoke to seven visiting relatives. We spoke with four members of staff which included the acting deputy manager the chef and two care staff. We also spoke to the two registered providers.

Three visiting health care professionals were visiting the service during the inspection process and were asked to share their views. This included a GP, community nurse and specialist nurse.

We observed care and support in communal areas and looked around the home, which included people's bedrooms, bathrooms, the lounge and dining area.

We reviewed a variety of documents which included four people's care plans, four staff files, training information, medicines records, audits and some policies and procedures in relation to the running of the home. We observed a midday meal and evening meal.

We 'pathway tracked' four people living at the home. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Is the service safe?

Our findings

People said they felt safe living at St Marguerite. They told us staff were attentive to any safety need and the home was secure. People said the staff responded to all their needs quickly. One person said, “I feel safe, very safe. I’m on the ground floor but I always make sure the window’s shut.” Another said “Oh I do feel safe here I think to myself I’m going to my bed now and I feel safe.” Relatives had confidence that people were well cared for and safe in the home. One relative said, “I definitely think mum’s safe here.” The front door was locked and restricted people entering the home without permission.

Staff had undertaken training on safeguarding adults each year via e-learning. However, they did not have a clear understanding of their responsibilities in raising any suspicion of abuse with the appropriate authority. Staff could give some examples of possible abuse that they may come across when working and knew to raise any concern with the registered manager and provider. The provider was unclear who to report a suspicion or allegation of abuse to in the first instance but told us they would report this matter to the CQC for further advice. The safeguarding procedure was difficult to locate and when found did not provide clear guidelines for staff to follow to refer a safeguarding matter.

People were not fully protected against the risks of abuse or improper treatment because staff did not understand their individual responsibilities in reporting concerns. This was a breach of Regulation 13 (2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staffing arrangements at night did not reflect the needs and dependency of people or how an emergency situation would be responded to in a safe way. One care staff member worked at night and a senior staff member was on call for advice and to provide assistance at the home if required. The personal emergency evacuation plans (PEEPs) confirmed that two people had high needs and would need full support in order to evacuate the service in an emergency. In addition both these people had high care needs and required turns at night to reduce the risk of skin damage. We could not be assured that these people were being moved safely at night. The provider had not ensured the recent changing needs of people had been reflected with a suitable deployment of staff to meet their needs.

This was identified to the provider for immediate review and improvement. Following the inspection the provider confirmed that he had reorganised the staffing arrangements at night that allowed for two staff to be available to turn people.

People said that they felt there were usually enough staff on duty to care for them well and respond to their needs quickly, but some raised concerns about the fact that only one member of staff was on duty at night. Comments made included, “During the day there are enough staff,”

“There’s always staff around,” “I think they need more staff at night time there’s only one on,” and “One thing that concerns me there is only one member of staff on at night. If there was a calamity I don’t know what they’d do.” One relative said, “I’m not so sure about nights. I think there’s only one and personally I don’t think that’s acceptable.” Staff told us they were busy but there was enough staff to meet people’s needs. People were cared for in unrushed way and staff took time to complete care as people wanted. People told us when they needed staff they were always available. “They’re there in a shot if I call.”

Systems were in place for staff to assess risks for people and to respond to them. Records confirmed people were routinely assessed regarding risks associated with their care and people’s health. These included risk of falls, skin damage, nutritional risks and moving and handling.

People were protected, as far as possible, by a safe recruitment practice. The registered manager was responsible for staff recruitment and in his absence the provider ensured safe practice was followed. Records included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS) completed by the provider. These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk. We found when volunteers worked in the service suitable checks were undertaken on them to ensure they were suitable to work with people at risk.

Medicines were managed safely. Storage arrangements were appropriate and included a trolley and suitable storage cupboards. Staff administer medicines individually from the medicines trolley, completing the Medication Administration Record (MAR) chart once the medicine had been administered. Staff ensured people had a drink and asked people what medicines they needed. The supplying

Is the service safe?

pharmacist provided training for staff and undertook an audit of the medicine management in the home this was last completed in March 2015. Records confirmed that staff administered medicines in accordance with the prescription. These were found to be clear and accurate. Individual guidelines for the administration of PRN medicines were in place. People took these medicines only if they needed them, for example, if they were experiencing pain. This ensured staff gave them in a consistent way. These guidelines should record why, when and how the medicine should be administered. Staff confirmed further detailed guidance would be provided for people who could not always say when they needed the medicine.

The provider had established systems to promote a safe environment. St Marguerite had a good level of cleanliness and a number of safety and maintenance checks were maintained to ensure equipment and facilities were safe. Equipment such as the passenger and chair lifts were maintained and checked appropriately, safety checks on the electrical and gas supply were also in place. A maintenance person worked in the home and responded to issues raised by people and staff. This included

responding to people's requests like hanging pictures and general maintenance and improvement to the premises. Staff told us any maintenance issue identified was responded to quickly. People and relatives were complimentary about the environment and the standard of cleanliness. One person said "It's always nice and clean." However two areas of the home were found to be malodorous by the second day of the inspection both areas had been cleaned further and any odour had been greatly reduced.

The provider had systems in place to deal with any foreseeable emergency. Contingency and emergency procedures were available in the home and included what to do if the home had to be evacuated. Staff had access to relevant contact numbers in the event of an emergency and an on call senior carer was on call. The provider was also available and lived in the local area. Fire procedures and checks on equipment were in place and emergency information box was accessible near the front door of the home. This included PEEPs and important information on each person including medication in case people needed to be relocated.

Is the service effective?

Our findings

People told us they had confidence in the skills and abilities of the staff to look after them. One person said “I think they’re well trained. They seem to know what they’re doing.” They told us they were not restricted in any way and were well cared for with any health needs being responded to quickly and efficiently.

Staff had undertaken or had plans to undertake training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). This Act protects people who lack capacity to make certain decisions because of illness or disability. Care staff had a basic understanding of mental capacity and informed us how they gained consent from people before providing care. People were free to move around the home and gardens as they wished and were not restricted. One person said, “I do whatever I want here.” The acting deputy manager and the providers knew to seek further advice from social services if they had any concerns about people’s capacity in making any decision or if they were having their liberty restricted in any way. The providers described how they had worked with social services in the past around a person’s finances and how everyone involved had worked to ensure the best interest of this person was considered. There was guidance on the MCA and DOLs available to staff and people in the office and the provider was updating procedures for staff to follow.

The provider had established an induction programme that new staff completed. Staff told us the induction programme had included a shadowing period alongside an allocated senior staff member. This had allowed them time to get to know people and their individual needs well. The induction programme covered the ‘common induction’ standards based on Skills for Care. This organisation works with adult social care employers and other partners to develop the skills, knowledge and values of workers in the care sector. The provider showed us the ‘care certificate framework’ which was a new training programme to be implemented also based on Skills for Care.

Records confirmed that a programme of on-going training had been established and staff had undertaken essential training throughout the year. This training included health and safety, infection control, safe moving and handling, safeguarding and equality and diversity. Additional training recently had included training on MCA and DOLs and

further specific training on dementia. Staff told us they could ask for training on areas of interest and this had included further practical training on first aid. We found skills learnt had been transferred into practice. One staff member described how she had responded to a person choking using an emergency first aid procedure.

Systems were in place to support and develop staff. Staff told us that they felt very well supported by the registered manager and the providers. Staff told us they received supervision and were able to raise any issue or concern at any time. Supervision sessions had provided the opportunity to discuss individual training needs and development with the registered manager. Supervision sessions were well documented and reflected a regular contact with the registered manager and staff working in the home.

People were supported to maintain good health and received on-going healthcare support. People said that they could see the GP when they wanted and a chiropodist visited the home every six weeks. One person said, “They always call a doctor if it’s needed and they always come when asked.” Staff confirmed that they had regular contact with a wide variety of health care professionals and we heard one staff member requesting a GPs visit in response to a persons’ eye irritation. During our inspection three health care professionals were attending to people in the home. They confirmed staff worked closely with them to promote the best health care for people living in the home.

All feedback received about the food was positive. People said the food was good and they were given a choice of meals. Comments included, “The food is terrific and you’ve got such a big choice, about five or six different things,” “The food’s magnificent,” and “There’s a choice from the menu or I can have just cheese and biscuits or an omelette if that’s what I want.”

Most people ate lunch in the dining room which provided an environment that allowed people to sit in small groups. Tables in the dining area were set attractively with table decorations, napkins and condiments. Four people ate their meal in the lounge and some people had chosen to eat in their own rooms. One person was taken out for lunch by a relative. Lunchtime was a pleasant social event with staff offering support to those people they knew needed assistance. For example in cutting food and pouring gravy.

Is the service effective?

People were offered a choice of cold drinks to have with their lunch which was well presented and reflected people's individual choices. The meal time was relaxed and unrushed with light music playing as a background.

The chef had a high presence in the home regularly meeting with people and attending the lunch time meal to enquire how people were enjoying the meal. Feedback was important to them and the provider and both had worked on the menu to ensure people's needs and preferences were fully reflected. People told us they liked the chef and his approach involved them. They said, "The food service is like a hotel," and "We've got a good chef here, very good indeed."

Systems followed ensured people received special diets if required for example the menu planning recorded any

specific dietary needs for each person. One person was only able to eat a pureed diet and a relative was anxious that staff were aware of this. A staff member was able to reassure the relative and told her it was 'all in hand.' This person received the correct diet and chose to eat at one of the dining tables with other people as she enjoyed the company.

Risk assessments were used to identify people who needed close monitoring or additional support to maintain nutritional intake. For example a nutritional risk assessment was used routinely for people and staff monitored people's weights regularly to inform this risk assessment.

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People and their relatives were very positive about the caring nature of the staff at St Marguerite. People told us staff were kind, friendly and helpful and always willing to help you. Comments included, “They’re marvellous, you couldn’t wish for nicer people,” and “The staff can’t do enough for you.” One person specifically praised the registered manager. “He’s a lovely man. He’s very kind and I miss him.” People told us they thought of St Marguerite as their own ‘home’. One person said, “I told the nurse (in hospital) I want to go home I meant here,” and another said, “Oh it’s lovely here it’s my home now.”

Relatives were satisfied that staff had the correct approach to provide good care. One relative said, “They’re very caring, attentive people and very friendly,” another said “The staff are so lovely they make mum happy.” Visiting health professionals also commented on the approach of the staff saying they were polite, helpful and accommodating. They told us the atmosphere in the home was good and people they attended to were always positive about the staff.

All interactions observed between staff and people were positive. The service benefitted from the regular presence of the two providers who spent time with people and demonstrated a kind and considerate approach to people. Staff approached people in a warm, caring and friendly manner they did not rush people when they were moving and accepted that some people took a long time to complete small tasks. We saw one staff member support a person back to the toilet straight after using it. This was completed in pleasant way accepting that this person felt they needed the toilet again. Staff knew people well and were able to respond to them as individuals knowing the small things that they appreciated. For example, understanding one person’s attachment to a pet bird. People responded positively to staff sharing a joke and physical contact which included placing a hand on people as a gesture of understanding. Staff and the providers showed a genuine kindness and a wish for people to be as happy and content as possible. One person shared with the provider that they were frightened about the future. The provider spent time talking and reassuring them and left them with a smile on their face.

People told us staff respected people’s privacy and promoted their dignity. People spoke about staff supporting them to maintain as much independence as they possibly could and staff taking the time to allow them to do things for themselves in their own time. One person said, “I wash and dress myself in the morning. I want to carry on as long as I can. I take my own time.”

Ensuring they could maintain independence was important to people and this was seen to be followed through into practice. For example people were encouraged to mobilise independently whenever possible with staff limiting their interventions to a minimum. People told us staff were always polite and never caused them any embarrassment while they attended to their personal needs. One person said, “Anything private is done in a separate place doors are always shut. It’s very private, very well thought out.” We noted that bedroom doors were closed when people were being supported with personal care.

People were encouraged and supported in maintaining links with their friends and relatives and to maintain relationships that were important to them. One person said, “You can have visitors at any time.” Relatives said they felt comfortable to visit the home as they wished and were always warmly welcomed. Staff ensured people could see their relative in private if they wished and supported one relative to take their mother out for lunch. The chef told us relatives and visitors were able to stay for a meal if they wanted to. One couple had chosen to share a room and their private time together was respected.

People had their views taken into account and their differences responded to. People’s rooms were individual and reflected their differences. Bedrooms had a number of people’s own items in, including pictures and photographs. We heard the provider talk to one person who had just moved to the home about what he would like to bring to his room. Discussion took place about furniture and particular items that were important to this person. The provider suggested a trip to decide and time to think about what they would like to bring. The ability to personalise rooms is important to allow people to maintain a sense of identity. People told us the laundry service was good and their clothes were returned to them quickly and well attended to. This allowed people to dress according to their individual preference with many looking very well presented and smart.

Is the service caring?

Staff understood the importance of maintaining people's confidentiality. Records were kept securely within a staff only area and staff spoke about maintaining accurate and clear and professional records. Staff told us that

information about people was only shared within the home with staff and people were not discussed outside. Records confirmed that staff received training on maintaining confidentiality

Is the service responsive?

Our findings

People were confident that the care they received was focussed on their individual need and reflected their choices and preferences. Everyone was treated as an individual and all support was personalised to individual need and wishes. People told us they enjoyed the activity provided by the home and joined in what they wanted to.

Before people moved into the home the registered manager or senior staff member and the provider carried out an assessment to make sure the service could provide them with the care and support they needed. The service used a computerised care plan system this included various assessments that generated corresponding care plans. There was information about who the person would like to be involved with their care and their consent to daily care. However, these and the regular reviews undertaken had not been signed to evidence their or their relative's involvement.

Individual care plans contained personal information about people, such as their preferred daily routines, what people could do for themselves and the support they needed from staff. However the information was not full in all areas and did not provide full and clear guidelines for staff to follow. For example one person had a urinary catheter and clear guidelines for staff to follow to ensure safe and effective care were not documented. Two people were being turned in bed to prevent pressure damage to skin. How this was completed was not recorded or risk assessed. We found that one person had not had an assessment of their individual needs or care plan despite living in the home for over seven days. In addition we found that records used to record when people had been turned had not been completed in a consistent way. This lack of accurate records and clear guidance for staff to follow did not ensure people's individual care needs had been identified or that they were being met in a consistent and effective way. Personal records were not accurate or complete. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were updated about people's changing needs and choices at the daily handover. They said if they had been on holiday they would update themselves by reading

people's daily records and a system was in place to ensure staff read the daily records for the days they were not working. These records were full and provided staff with a history of events for people living in the service.

The provider and acting deputy manager were in the process of writing life histories and spent time talking to people about them. Staff knew people well and as individual people with past life's, interests preferences and futures. The provider also knew people individually, for example speaking a few words of French to one person who was originally from France. Staff took time to give people choices and to respond to them. We heard staff asking people what they would like for lunch and helping people to make decisions, for example by reminding them of what they had had the day before or what they had previously enjoyed.

People felt they would have no problem in raising issues or complaints at St Marguerite. They said they believed they would be listened to and their issues would be dealt with appropriately. One person said, "I would talk to the owners quite confidently if I had a complaint," another said, "I always do raise things. I like to get it off my mind. They listen and do something about it." Some people told us they had raised small problems in the past and these had been dealt with and they had been satisfied with the response. The service had a complaints procedure and a summary of this was displayed in the front entrance of the home to support people when raising a complaint. We were told that the service had not received any formal complaints over the past year. An anonymous complaint passed to the provider from the CQC was fully investigated and responded to effectively. This complaint included concerns about the availability of regular showers for people. The provider has since improved the showering facilities in the service to increase availability for people. This demonstrated that the provider listened and used complaints and concerns to improve the service.

It is important that older people in services have the opportunity to take part in activity, including activities of daily living that helps to maintain or improve their health and mental wellbeing.

The home supported people to maintain their hobbies and interests and to lead a life that they wanted. For example one person liked to crochet and she was pleased to be busy making items for people in the service and staff. Some people liked and chose to occupy themselves as they

Is the service responsive?

would when they lived at home. They were clearly happy with their own company and enjoyed reading or watching the television others enjoyed a chat with other people and staff.

There was a list of activities and entertainment provided within the service. The provider had recently established a gardening and card playing club which people clearly enjoyed. The gardening club was inclusive with everyone enjoying the benefits. For example the group improved the garden area which everyone used or looked out on and enjoyed talking about. People and staff made good use of the large garden which was laid out attractively with seating and shelter. Some people could sit outside their rooms on individual patio areas. The group had also recently supported people to grow their own sunflowers which had stimulated conversations in the service.

Most feedback about the activities and entertainment was positive with a couple of people saying they were bored. Comments included, "I like to have a game of dominoes things like that. I've got a door out onto the patio when the

sun shines I can sit out there." "Every month someone from the Seven Sisters sheep centre comes with small animals. There's a trip to Airbourne planned," and "There's more stimulation now than there used to be."

We were told about trips that had been arranged at Christmas and a tea party which had been arranged to meet people from other care homes. The home had a designated staff member who worked with people to do things that they liked to do. This staff member told us, "I have been supported in arranging outings to a local zoo and for painting and vegetable growing in the garden."

Relatives told us they felt involved in the service and able to contribute to sharing interests with people. The provider had asked one person who visited with a dog if she would mind taking the dog to meet other people in the lounge. People had enjoyed this contact which had led to a regular interaction and conversations. The gardening club was run and organised by relatives who brought vibrancy to the service with their interest people looked forward to their visits.

Is the service well-led?

Our findings

People told us they were happy living at St Marguerite and felt the home was well managed. People said they were listened to and could talk to the provider, registered manager or staff about anything. One person said, "I'd say it's well run and efficient your requests are dealt with straightaway." Relatives were also positive about the management arrangements telling us they were "Very good."

Visiting health professional told us they believed the service was well managed and the registered manager provided a sound leadership for staff to follow. Professionals said the service was well organised with staff being helpful to them and people who used the service. One described how staff had supported a person who needed to move to another service. This was completed in an organised fashion and ensured the smoothest transition possible. Which benefited all concerned.

The registered manager was on extended annual leave and the provider had allocated this role to the acting deputy manager who was managing the service with the support of the two providers.

People knew the management arrangements that had been put in place. One person told us, "I get on well with the providers and the registered manager he's on holiday. X is the senior carer in charge at the moment. I've got good relationships with all of them."

People liked the relaxed and friendly atmosphere in the service and spoke fondly of the staff, registered manager and the providers who they felt were all happy working in the service. Comments included, "I'd say it's very good. I told my neighbour to move in here too," "My granddaughter who had looked at different care homes was right it's just lovely here," and "The staff never seem grumpy, never hear them talking amongst themselves about anything wrong."

Staff were positive about working at St Marguerite and told us how much they enjoyed their work and felt supported and encouraged in their roles. When the registered manager was working they had regular supervision and time to talk about their work and their individual roles and expectations. Staff told us they were approachable and worked with them for the benefit of people.

The acting deputy manager maintained this approachable management style. A senior carer was providing an on call arrangement to ensure advice and guidance was available at night and was available to be called into the service if required. The providers were also available to staff if they were required for any issue. Staff were aware of the whistleblowing procedure and said they would use it if they needed to.

Information on the aims and objectives of the service care and people's rights were recorded within the services 'statement of purpose' and we were told that this was given to people within the homes brochure documentation.

The philosophy of the home is 'to create a secure, happy, relaxed and homely atmosphere for the residents to live in and for the staff to work in'. Feedback from people indicated that this philosophy was being met with people saying St Marguerite really felt like their own home. Staff were aware of the homes philosophy and values. One staff member said, "We do everything for the residents, anything that is needed it is provided for them." One of the providers told us the recruitment process was used to get the right sort of people working in the service. The culture in the home was open and both staff and people could say openly what they thought about services and care provided.

People, their relatives and the staff were involved in developing and improving the service.

People told us there were regular meetings for them where issues could be raised one person said, "Once a month they have a meeting for us you can say anything that's wrong". People were also asked to complete satisfaction surveys each year and these were audited and analysed. An action plan was then developed and used to respond to peoples comments. For example the survey identified that some people were not familiar with the home's complaints procedure. The report confirmed action to be taken that included discussing the complaints procedure at a 'residents meeting'. Notes of the subsequent meeting held confirmed the registered manager discussed making complaints along with discussions about improving the food and activities. This demonstrated that the service sought feedback from people and responded to the feedback in a positive way.

There were various systems in place to monitor or analyse the quality of the service provided. These included

Is the service well-led?

recorded visits undertaken by the providers where they spoke to people about the quality of the service. The local authority had completed a quality review for their contract department. The providers had responded positively to comments made within this report to improve the service. For example further clarity for medicine administration was provided. A medicine audit had also been completed by the supplying pharmacist and the provider had recently employed a consultant to undertake a quality assurance report on the service based on the new Care Quality Commission guidelines.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. The provider was aware of the need to establish system to respond appropriately to notifiable safety incidents that may occur in the service and was working on providing a duty of candour procedure for staff to follow.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered provider had not protected people against the risks of abuse or improper treatment because staff did not understand their individual responsibilities in reporting concerns.</p> <p>Regulation 13(2)(3).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had not maintained an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p> <p>Regulation 17 (1)(2)(c)</p>