

T M Kelly

# Margaret House

## Inspection report

Church End  
Barley  
Royston  
Hertfordshire  
SG8 8JS

Date of inspection visit:  
31 October 2017

Date of publication:  
05 December 2017

Tel: 01763848272

Website: [www.margarethousecare.co.uk](http://www.margarethousecare.co.uk)

## 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

The inspection took place on 31 October 2017 and was unannounced.

Margaret House provides accommodation for up to 42 people. It is not registered for nursing care. On the day of this inspection 36 people were living at Margaret House.

The home did not have a registered manager in post at the time of this 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. The provider had appointed a person to register with CQC to manage Margaret House, they were in the process of preparing their application.

When we last inspected the service on 14 July 2015 we found that the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 at that time.

People felt safe living at Margaret House. Staff understood how to keep people safe and risks to people's safety and well-being were identified and managed. The home was calm and people's needs were met in a timely manner by sufficient numbers of skilled and experienced staff. The provider's recruitment processes helped to ensure that staff employed to provide care and support for people were fit to do so. However, the provider undertook to implement some improvements to strengthen the process further. People's medicines were managed safely.

Staff received regular support and guidance from the management team which made them feel respected and valued. People received support they needed to eat and drink sufficient quantities and their health needs were well catered for with appropriate referrals made to external health professionals when needed.

People and their relatives complimented the staff team for being kind and caring. Staff and the management team were knowledgeable about individuals' care and support needs and preferences and people had been involved in the planning of their care where they were able. Visitors to the home were encouraged at any time of the day.

The provider had arrangements to receive regular feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. People were confident to raise anything that concerned them with staff or management and were satisfied that they would be listened to. People were provided with a variety of opportunities for engagement.

There was an open and respectful culture in the home and people who used the service, relatives and staff were comfortable to speak with the provider and management team if they had a concern. The provider had arrangements to regularly monitor health and safety and the quality of the care and support provided for

people who used 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?

Good 

The service was safe:

People told us that they felt safe living at Margaret House.

Staff knew how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse.

Risks had been assessed for all aspects of people's care and support and controls put in place to mitigate any risks identified.

People, their relatives told us that there were enough staff available to meet people's needs.

The provider's recruitment practices required some further improvement but helped to ensure that staff employed were of good character and suitable for the roles they performed.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff.

### Is the service effective?

Good 

The service was effective:

People and their relatives told us that the care and support provided at Margaret House was appropriate to meet people's needs.

Staff received training and appropriate supervision to support them to be able to care for people safely.

Staff understood their role in protecting people's rights in accordance with the Mental Capacity Act 2005 (MCA).

People were provided with a good choice of food and that they were supported to choose where they wanted to eat their meals.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals

when necessary.

### **Is the service caring?**

**Good** ●

The service was caring:

People, and their relatives, consistently told us how happy they were with the staff that provided their people's care.

The management ethos for the service clearly demonstrated caring and kindness.

Feedback entered on a care home review website by relatives of people who used the service was positive and demonstrated a caring and respectful approach by the provider and staff team.

Staff respected people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible.

The environment throughout the home was warm and welcoming and decorated and furnished to a high standard.

Staff clearly knew people well and demonstrated a caring approach and took timely and practical action to relieve people's distress or discomfort.

The provider ensured that the service had a very strong, visible and person centred culture.

### **Is the service responsive?**

**Good** ●

The service was responsive:

People's care plans were reviewed regularly to help ensure the care and support provided continued to meet people's needs.

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs.

People received care that served to maximise their independence as much as possible.

People were able to positively influence the service they received.

People were provided with a variety of activities and opportunities for engagement.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved.

### **Is the service well-led?**

The service was well-led:

The home did not have a registered manager at the time of this inspection. However, the provider had appointed a person to become registered with CQC and they were in the process of preparing their application.

People who used the service and their relatives knew the provider and unit managers by name and felt that they were approachable with any problems.

Staff told us that they were proud to work at Margaret House.

There were a range of checks undertaken routinely to help ensure that the service was safe.

**Good** 

# Margaret House

## 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 31 October 2017 and was unannounced. The inspection team was formed of one 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 service.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us 06 October 2017. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff support people who used the service, we spoke with six people who used the service, four staff members, a unit manager, representatives of the senior management team and the provider. We spoke with relatives of three people who used the service to obtain their feedback on how people were supported to live their lives.

We received feedback from a visiting health professional. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to four people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

# Is the service safe?

## Our findings

People told us that they felt safe living at Margaret House. One person told us, "I feel safe because I suppose it's the atmosphere around me people about to help me, the girl's make me feel safe that care for me." Another person said, "I must say I feel quite safe here, there's a system to get in and out of the building and the staff are very good they make me feel comfortable, I visited this home myself when choosing somewhere to live and after visiting a few other places I just knew that I would like it here." A further person said, "I am absolutely safe here, everything is done for me, it's all very nice and I don't have any concerns, the girls are very good to us."

Relatives of people who used the service felt that people were safe. Feedback from one relative in a letter to the provider stated, "[Person] hated to be alone, they did not feel alone with you all and they felt safe. [Person] told me this and I thank you for it."

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were able to confidently describe how they would report any concerns to their line management and told us that they were absolutely confident that appropriate action would be taken. However, staff did not demonstrate an awareness of the responsibilities of the local authority safeguarding team in relation to the protection of vulnerable adults. We discussed this with the provider who undertook to ensure that staff were reminded of the processes to follow to report concerns externally.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for all aspects of people's care and support including bathing or showering, mobility, continence, nutritional needs and medicine administration. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk.

There were very few accidents in the home due to the proactive approach of staff and robust assessments which supported staff to managed potential risks to help keep people safe. Any incidents formed part of thorough reviews that were routinely undertaken so that people's changing needs were recognised and planned for.

People who had been assessed as requiring bedrails on their beds to prevent them falling had protective covers over the rails to reduce the risk of entrapment. Staff told us that there were not any people living with pressure ulcers in the home at the time of this inspection and that people were assisted to reposition at appropriate intervals to help maintain their skin integrity. We saw that records were maintained to confirm when people had been assisted to reposition.

People, their relatives and staff told us that there were enough staff available to meet people's needs. Throughout the course of the day we noted that there was a calm atmosphere in all units in the home and that people received their care and support when they needed it and wanted it. Call bells were answered in

a timely manner and staff went about their duties in a calm and organised way. The management team told us that they were constantly recruiting but were selective about the people they employed to provide people's care and support.

The provider's recruitment practices required some improvement so that they could satisfy themselves that all staff employed were of good character and suitable for the roles they performed at the service. We checked the recruitment records of two recently recruited staff and found that for one member of staff all the required documentation was in place including two written references and a criminal record check. However, for the second staff member only one reference had been received prior to them starting to work at the home. We also discussed with the provider that application forms needed to include accurate dates of previous employment in order for them to effectively explore any gaps and it would be good practice to validate references by telephone call to the referee. The provider immediately absorbed these suggestions into their recruitment processes.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. People and their relatives told us that they received their medicines regularly and that they were satisfied that their medicines were managed safely. We checked a random sample of boxed medicines and controlled medicines and found that stocks agreed with the records maintained.

## Is the service effective?

### Our findings

People and their relatives told us that the care and support provided at Margaret House was appropriate to meet people's needs. One person said, "Yes our health needs are met here, we get to see the doctor the hairdresser we have our own salon, the chiropodist comes every eight weeks I believe, we're very well catered for here. I do think they [staff] are skilled and trained very well in the way they respect us and look after us. They don't tell you, they ask you, there's a difference in that, they are very respectful towards us."

Staff received training to support them to be able to care for people safely. The provider supplied us with evidence of various training elements that had been undertaken by members of the staff team. This included basic core training such as moving and handling and safeguarding as well as specific training modules such as end of life care and continence awareness.

The management team and staff confirmed that there was a programme of staff supervision in place, all staff we spoke with said they received support as and when needed and were fully confident to approach the management team for additional support at any time. One staff member told us, "There is a very respectful ethos here, we are listened to and we get taken seriously."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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 whether any conditions on authorisations to deprive a person of their liberty were being met. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. The management team demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful.

People told us, and our observations confirmed that staff explained what was happening and obtained their consent before they provided day to day care and support. Staff members were knowledgeable about capacity, best interest decisions and how to obtain consent from people with limited or restricted communication skills. We noted that 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) decisions were in place, and it was clear that people had been involved with making the decisions and, where appropriate, their family members as well. A Person who used the service told us, "They always explain what they are going to do and talk me through things."

People told us that they were provided with a good choice of food and that they were supported to choose where they wanted to eat their meals. We noted that most people opted to eat in the communal dining room and some chose to eat in their rooms. One person told us, "The food is very good, someone will come round with choices for lunch and tea and ask what we would like, there is more than enough to eat you don't go hungry, and if you did feel hungry later on in the evening I feel sure they would accommodate you with something." Another person said, "The food is good and the choices also, portion sizes are good and the food is always warm."

We observed the lunchtime meal served in three communal dining rooms and we noted that people were provided with appropriate levels of support to help them eat and drink. This was done in a calm, relaxed and patient way that promoted people's independence as much as possible. We heard staff interacting with people in a kind and considerate manner indicating that nothing was too much trouble. Tables were nicely laid with table mats and condiments were on the tables to support people to be as independent as possible. We noted that staff joined with people to eat their lunch which created a pleasant and homely feel. We heard a staff member ask, "Do you mind if I join you gentlemen?" When the people indicated positively the staff member took a place at the table and started to eat their lunch whilst engaging people in conversation. The management team said this had always been the ethos at the home and they had found that people ate at a more relaxed pace and took time to enjoy the experience.

Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration. We noted that these assessments were kept under review and staff told us that if people's weights started to reduce the care provided was amended in response.

People told us that their day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. "The girl's regularly come round to ask us if everything is alright, the doctor comes every Monday, you just put your name down if you need to see him, we have a chiropodist who comes every six weeks or so and the hairdresser and manicurist comes every week, and it's all free. I am going to hospital for my eyes tomorrow, my [relative] will take me but if there was no one, the people here would arrange something, they are very good like that." We noted that appropriate referrals were made to health and social care specialists as needed and there were regular visits to the home from dieticians, opticians and chiropodists.

We spoke with a visiting healthcare professional during the course of this inspection who gave us positive feedback about the service provided. They told us "I have no concerns at all, the service is well run. The staff are responsive, I can't fault the place honestly."

## Is the service caring?

### Our findings

People, and their relatives, consistently told us how happy they were with the staff that provided care. We saw recently received cards and letters providing feedback from relatives of people who used the service. One example of this stated, "The care and love afforded to my [relative] over these last few difficult months by all the staff was a great comfort to us and to [relative]."

The management ethos for the service clearly demonstrated caring and kindness. The caring culture of the service was promoted by the manager and staff. A person who used the service told us, "They do treat me very kindly, just the other day one of the carers brought a big bunch of grapes to me because they knew I liked them, I never asked for them they just did it they are very caring like that, I think staff do know me as a person they know all of us individually, they always knock before entering my room unless my door is open." Another person told us, "They are very caring they will always knock first, and then ask what I would like to wear, I am given the choice, I do need help with my personal care and they do so very respectfully, there isn't anything to be truthful that I don't like about the way I am cared for."

Feedback entered on a care home review website over the past three months by relatives of people who used the service was positive and demonstrated a caring and respectful approach by the provider and staff team. For example, one relative had stated, "I found Margaret House staff went far beyond any other residential home I have visited. They engaged with the residents, showed empathy and consideration. The staff and whoever trained them must take credit for creating a very domestic home atmosphere." A further review noted, "My [relative] has been well cared for and treated with dignity and respect. The staff have been kind and willing to help her in every way. [Person's] room was bright, the meals on the whole good. There was always an alternative meal if [Person] did not like what was offered." Another review stated, "Staff are positive, friendly, supportive, patient and always cheerful! Welcoming to families. Excellent communication skills between home and residents family, keep families informed of how their family resident is both physically and mentally, at all times. Staff are flexible and continually well trained in dementia, nothing is too much trouble when it comes to meeting a resident's needs."

Staff respected people's dignity and made sure that they supported people in the way they wished whilst encouraging them to remain as independent as possible. One person told us, "I'm very independent, I can wash myself they help with a bath or shower, but even so they will always be on standby in case I need them. They do respect my privacy they always knock on my door before asking "is it ok to come in." I have not been here very long but I am really enjoying being here. It's my choice to have lunch here or go out there are no restrictions on visitors either, they can come and go as they please." Another person said, "Yes they will always knock on my door before coming in, it's my bath night tonight, I can have as many as I like it's my choice to have one a week. I get a very good wash every day, my room is cleaned every day and they always change the sheets. Staff are very good when helping me to get washed they take their time, not rushing me, we mainly get the same girls come round but I don't mind who does it they are all lovely."

During our inspection we noted that staff were always courteous and kind towards people they supported. We heard laughter and joking between staff members which also included people who used the service, this

created a warm, respectful and homely atmosphere.

We saw staff respecting people's dignity and privacy by knocking on people's doors and waiting before entering people's rooms. Throughout the day we noted there was good communication between staff and the people who used the service and they offered people choices which contributed towards people feeling that they had control in their lives. For example, we heard staff members ask people if they wished to have a glass of wine with their lunchtime meal. We heard staff ask people if they wish to wear clothing protectors saying, "Can I put this clothing protector on to help keep your T shirt clean, is that OK?" One staff member asked a person, "Is it alright if I move your (walking) frame over here?" This showed that people's opinions and involvement was encouraged in all areas of their daily lives.

The environment throughout the home was warm and welcoming. People's individual bedrooms were decorated and furnished to a high standard and personalised with many items that had been brought in from their home such as cushions and pictures. The provider had created a hairdressing and nail salon for the use of all the people who lived at Margaret House promoting their dignity and independence.

Staff had developed positive and caring relationships with people they clearly knew well. People were relaxed and comfortable to approach and talk with care staff, domestic staff and management alike. Minutes from a meeting held for the people who used the service showed that people were confident to ask for any changes. For example, one person had asked for the supper to be served later. Staff had discussed with the person that this wasn't suitable for everyone but reassured them that food was available at any time, they could have their supper saved for later or that staff would be happy to provide a light snack during the evening.

Staff demonstrated a caring approach and took timely and practical action to relieve people's distress or discomfort. For example, as a person took their seat at the dining table the sun was shining straight into their eyes. Staff noted the person wincing at the brightness and immediately suggested moving to a different seat where the person was shielded from the sun.

The service had a very strong, visible and person centred culture. This was reflected in discussions with the management, staff, people who used the service and their family members. We were told of a person who, prior to moving into Margaret House had really enjoyed watching the birds and the weather and had purchased their house based on the views it had afforded them. When staff heard about this from the person's relative they had realised that the person only had views of tree tops from their room. As a result the person had been offered another room once it became available and now enjoyed views from two big windows. This showed that people were seen as individuals and that actions were taken where possible to bring them happiness.

People's care records were stored in a lockable cupboard in order to maintain the dignity and confidentiality of people who used the service. However, during the course of the day we saw that some records were in a folder on a table in a communal dining area. We discussed this with the provider and management team who acknowledged the potential impact on people's dignity and undertook to ensure that staff kept these records out of sight until a new storage facility was sourced.

There were photographs of the staff team on display in the reception area of the home which meant that visitors and relatives were able to identify the staff on duty. Relatives and friends of people who used the service were encouraged to visit at any time and we noted from the visitor's books that there was a regular flow of visitors into the home.

## Is the service responsive?

### Our findings

People told us that the service was responsive to their needs and to any concerns. One person said, "We do crosswords, quizzes, listen to music, they always try to please us but remember out our age we like a bit of peace and quiet as well. Yes, I would complain, I have done, and it was sorted, my laundry started to take five days before it was cleaned and returned to me, I had a word with them and now they never fail to get this done within two days. They will always sort things you only have to say." Another person told us, "I know how to make a complaint but I haven't got any. Although I have not been here very long all seems fine to me. I enjoy being here but I am very independent I'm just off out to lunch now with the over 60's club, when I first came here all my likes and dislikes were taken into account, no doubt a little further down the line I will be asked again, I am very happy here and this home has a very good reputation you know."

People and their relatives told us they had been involved in developing people's care plans. People's care plans were reviewed regularly to help ensure they continued to meet people's needs. We saw that people's relatives were invited to attend monthly review meetings where appropriate. A relative told us that the staff were good at keeping them up to date with important events in people's lives.

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs. For example, one person's care plan described how the person became confused and disorientated at night because darkness and reflections altered their perceptions which could result in the person becoming unsettled. The care plan guided staff to close curtains in the person's room when darkness fell and to be aware of reflections in the mirror.

People received care that served to maximise their independence as much as possible. For example, one person's care plan detailed that they wished to do as much as possible for themselves, they were able to wash their own face and hands but wanted the support of staff with the rest of their personal care.

There were meetings held for people who used the service and their relatives to share their opinions about the service and facilities provided at Margaret House. We saw that actions were taken as a result of issues raised in these meetings. For example, minutes from a recent meeting showed that people felt the laundry was taking too long and they had to wait for items to be returned. In response to this a button labelling system had been introduced so that all laundry would be easily identifiable for a speedy return. Additionally it had been agreed that housekeeping would review the laundry process now that more people were using the service and to consider taking on additional help to manage the laundry and linen room. People also said at this meeting that it would be nice to have a fruit bowl in the lounge so that people could help themselves, at this inspection we noted that fruit bowls were positioned in communal areas so that people could access them at will. This showed that people were able to positively influence the service they received.

There were a variety of activities taking place throughout the home during the course of the inspection. For example, we saw staff supporting people to make decorations and face masks for Halloween and a care staff member sat with three people doing some drawing. A person was quietly watching a film in the cinema

room and another person was reading their newspaper. One person's care plan stated that they liked their own company but wanted to be kept abreast of what activities were going on in the home so that they could make the decision whether or not to participate. One person's daily records detailed that they had enjoyed some musical entertainment from an external entertainer, had attended a coffee morning in another unit in the home and had enjoyed an event where they had some sherry, cake and crisps. People who used the service were heard talking with the provider about a forthcoming fireworks event that they were clearly looking forward to. People who lived with dementia had lap blankets available with the aim of maintaining their finger skills with buttons, zips, ribbons and Velcro and to provide stimulation and conversation topics.

The care plan for one person described how they liked to help staff with washing and drying dishes and other domestic tasks. For example, daily records showed that the person had helped the staff sort out some unnamed clothes. This showed that people were encouraged to be involved with activities that helped them feel a useful member of the home.

People had a choice of communal areas in the home where they could spend their time. There was a quiet conservatory, lounge areas, a reading area which provided a wide selection of large print books, a cinema room and a well-maintained large garden with a fish pond and a green house. Staff supported some keen gardeners in the garden to plant tomatoes, flowers and vegetables and had also helped people to decorate some colourful bird boxes to put up in the grounds to attract birds to come and visit the gardens.

People were supported to revisit previously enjoyed past times. For example, one person realised a personal dream when they were supported to visit a previous much loved work environment and meet up with some old colleagues. We were told that the person had really enjoyed themselves and said, "It had been an excellent day out." Another person had told staff that they missed the independence of going to the shops and getting their own shopping. Staff arranged to take the person into the local town so that they could so that they could get the bits and pieces that they wanted for themselves. The outing had finished with a visit to a cafe for a cup of coffee and a piece cake before returning to the home.

A monthly newsletter was distributed to people who used the service and their relatives in order to keep people abreast of events taking place at Margaret House. For example, the newsletter included birthday celebrations, articles about various activities that had taken place with photographs showing people clearly enjoying themselves, charity coffee mornings, afternoon tea parties, day trips out to local attractions as well as celebrating events such as Valentine's day, St George's day and festive holidays.

The provider told us they were proud to be the only the second care home in the country to install a Magic Table. They told us this was a scientifically designed piece of furniture that had enabled people with dementia to engage via the light and motion activated games. The provider told us that the table, "Creates true moments of joy whenever we use it. It is also brilliant for when younger relatives visit as they love to use it with their grandparents too." This showed that the provider was committed to finding new and innovative ways to provide engagement and stimulation for the people who used the service.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. One formal complaint had been made since the last inspection, we found that this had been extensively investigated and responded to. People who used the service and their relatives told us that they would be totally confident to raise any concerns with the staff or management team. For example, one person told us that the laundry service had slipped from a two day turnaround to a week. They said that they had raised this with the unit manager and the issue was immediately resolved.

## Is the service well-led?

### Our findings

The home did not have a registered manager at the time of this inspection. The previous registered manager had left the service in November 2016 and the person appointed by the provider to undertake this role had withdrawn their application to register with CQC for personal reasons. The provider discussed with us the difficulties they had encountered in finding a suitable candidate for this role and said, "I am very particular who I have as manager of my home." The provider had recently appointed a person to register with CQC to manage Margaret House and they were in the process of preparing their application. Staff gave us positive feedback about this person saying that, "We all know we can always speak with [Person]. They get things done and always supports us. [Person] will work in the kitchen or as a carer as needed, so will the provider."

People who used the service and their relatives knew the provider and unit managers by name and felt that they were approachable with any problems. We saw the provider going around all units in the home addressing each person who used the service and each staff member by name. It was clear the way people responded to the provider that this was a regular occurrence and that people felt comfortable with them. A staff member said of the provider and proposed registered manager, "They are my rock, they are very supportive."

The provider and unit managers demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service, relatives and staff in a positive, warm and professional manner.

Staff told us that the management team was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home. Minutes of these meetings confirmed that topics discussed included the management structure of the home, staff training, reporting procedures, activities, housekeeping and communication. We also noted that the minutes included acknowledgement and appreciation from the management team for the staff teams work and achievements.

Staff told us that they were proud to work at Margaret House. One staff member said, "I really enjoy my job, we all work together as a team."

There were management meetings held weekly involving the management team and the provider to discuss such issues as recruitment, the performance of the service, people's needs and any matters arising. These were recorded with actions identified for individuals to take forward, for example to undertake individual staff members supervisions. Actions points were checked at the start of each meeting to help ensure that everything that had been agreed had been acted upon within appropriate timescales. This showed that the management processes were robust to promote efficient running of the home.

There were a range of checks undertaken routinely to help ensure that the service was safe. These included such areas as water temperature checks, checks on medicines, overview of staffing levels, checks that people's dietary and nutritional needs were met and checking that care plans had been completed for people who used the service for respite care or had recently moved into the home. The customer service manager advised that where issues had been identified through this system of audits they were addressed immediately. For example, if records had not been completed this was addressed with the staff member and rectified. This showed us that the provider and management team were committed to providing a safe service.

Satisfaction surveys were distributed two or three times per year to people who used the service, their friends and relatives and staff members. Once the completed surveys were received the provider's customer service manager collated the information and produced a report of the findings which was shared with the management team along with suggested actions.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The management team had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.