

HC-One Limited

# St Margaret's Care Home

## Inspection report

St Margarets Garth  
Crossgate  
Durham  
County Durham  
DH1 4DS

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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

### About the service

St Margaret's is a residential care home providing accommodation, nursing and personal care to 55 older people at the time of the inspection. The service can support up to 60 people.

### People's experience of using this service and what we found

We received positive feedback from people, who told us they were happy living at St Margaret's. They told us they felt safe with the level of staff available. People and their relatives were happy with the care, support and range of activities on offer.

People received person-centred support and staff knew people well. The care plans in place covered all aspects of people's care and support preferences to ensure a personalised experience. People were supported to maintain important personal relationships with friends and relatives. There were systems in place for communicating with staff, people and their relatives to ensure they were well-informed about the service.

People were supported to have their say and to exercise their rights and access to advocacy was available if required. Information could be made available for people in the correct format. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Healthcare professionals the registered manager and staff team were all included in people's care and support as and when needed. People who needed specialist diets were supported.

The environment was clean and maintained to a good standard with personalised bedrooms. Audits and monitoring systems were used effectively to manage the service and to make improvements as and when required. There were enough staff to support people and staff were always visible. Staff received support and a variety of appropriate training to meet people's needs.

Medicines were managed well, safely administered and recorded accurately. Individualised risk assessments were in place. Staff were confident they would raise concerns to safeguard people. Robust recruitment and selection procedures ensured suitable staff were employed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 31 May 2019). There was also an inspection on 5 July 2019 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

The last rating for this service was requires improvement (9 January 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This is a planned re-inspection because of the issue highlighted above.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective finding below.

Good ●

### Is the service caring?

The service was caring.

Details are in the caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in the responsive findings below.

Good ●

### Is the service well-led?

The service was well led.

Details are in the well led findings below.

Good ●

# St Margaret's Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector carried out the inspection along with an Assistant 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.

#### Service and service type

St Margaret's is a residential care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. This means that when registered they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The registered manager and provider were working closely with the local authority commissioners on improving the quality of the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

#### During the inspection

We spent time with people living at the service. We spoke with eight people who used the service, five relatives, the registered manager, deputy manager, area manager, three care staff, the activities coordinator and kitchen staff.

We reviewed a range of records. These included four people's care records and five medicines records. A variety of records relating to the management of the service, including audits and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at training, audits, reports from external professionals and policies.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed meet people's needs regarding protecting them from risks. People's needs were not always met who were at risk of pressure damage. This was a breach of Regulation 12 HSCA RA Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff had taken action to ensure the needs of people at risk of pressure sores were protected.
- People had both general and personalised risk assessments, which were regularly reviewed.
- Where risks were identified, care plans showed ways in which staff could reduce these risks.
- People felt safe living at St Margaret's and one person told us, "Yes, I'm safe because the staff are always around, it makes me feel more comfortable."
- Regular fire safety and maintenance checks and repairs were carried out to keep the home safe.

### Preventing and controlling infection

- The premises were clean and tidy with regular cleaning schedules in place. One relative told us, "From a hygiene point of view carpets are cleaned and monthly the room gets a deep clean. The kitchen is immaculate. I'm an ex chef and they're good regarding cross contamination."
- Staff had access to personal protective equipment and were trained in infection control practices.

### Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and were able to appropriately raise any concerns. Where safeguarding concerns had been raised, investigations and appropriate action was taken.

### Using medicines safely

- Medicine administration was managed safely using an electronic system. The provider had suitable arrangements in place for the receipt, administration and disposal of medicines. Records were clear and completed fully.
- Staff administered people's medicines as prescribed. One person told us, "They bring them to me and watch me take them" and "They wait until I've taken it."

### Staffing and recruitment

- There were enough staff on duty to meet people's individual needs and maintain their safety.
- Staff were recruited using robust checking methods to ensure suitable people were employed.

### Learning lessons when things go wrong

- The registered manager analysed these to look for any patterns or trends and then took appropriate action to minimise risk of further incidents.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question had improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection peoples Nutritional and hydration recorded were not completed effectively. At this inspection action had been taken to improve these.

- The staff were aware of people's dietary needs and people who required a specialist diet were well-supported. One relative told us, "Yes that was one of our biggest fear [if it was safe] and [family member] has gained weight, nearly a stone, they wouldn't eat when they were at home."
- People's eating and drinking needs were met by a varied and nutritionally balanced diet. People enjoyed a relaxed dining experience and could choose where they ate.
- People were offered drinks regularly and there were drinks set out for people to access as they wished.

Staff support: induction, training, skills and experience

- People were supported by staff who were appropriately trained and received regular supervisions from their manager Staff told us they enjoyed the range of training on offer and that it was on line and face to face learning. One relative told us, "Some staff have quite a lot of expertise in aspects of caring for older people."
- New employees completed an induction and shadowed more experienced staff as part of their induction.

Adapting service, design, decoration to meet people's needs

- The home was undergoing changes to make the best use of communal areas and these changes were being reviewed with people. The service was fully accessible with a range of adaptations and equipment to meet people's needs.
- The outside garden areas of the home were accessible with a range of seating areas that were well utilised.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Outcomes for people, their preferences, care and health needs were assessed and regularly reviewed.
- Any changes to people's needs were reviewed with them and their relatives, and this was reflected in their care plans.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with external professionals to support people's health, such as community nurses and tissue viability nurses who supported people at risk of pressure sores.
- People had detailed care plans that covered healthcare needs. These shared important information with

healthcare professionals.

- Timely referrals were made to other healthcare professionals when appropriate.

Ensuring consent to care and treatment in line with law and guidance

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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Healthcare professionals completed capacity assessments to ensure people were supported appropriately to make decisions.
- Staff ensured people were involved in decisions about their care; they understood their role in making decisions in people's best interests. For example, receiving care and using safety equipment.
- Where people did not have capacity to make decisions in an area of their life, they were supported to have maximum choice and control of their lives.
- People who could were asked to give consent to their care and treatment; we saw this was recorded in care files.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well-treated and supported; respecting equality and diversity

- Staff supported people to maintain personal relationships. People and their relatives told us everyone was welcome at the home.
- Care plans included people's preferences for staff and these were respected.
- People were supported to follow their chosen religion and on the day of our inspection a local church were delivering a service which was well attended. One person told us, "I Like to go to the church service and I go on the trips."

Respecting and promoting people's privacy, dignity and independence

- Staff were trained in dignity and respect. People were treated with the upmost kindness and respect at all times. One relative told us, "They're very friendly kind and caring. There's one staff member who will make a point of coming to say hello to [family member] and me and they all seem to be very happy and cheerful."
- People were actively supported to achieve increased independence. One person told us, "As far as possible and with my advancing years I lose a bit of independence."
- Staff engaged with people in a dignified way. Private conversations and care were conducted respectfully.

Supporting people to express their views and be involved in making decisions about their care

- Staff encouraged and supported people to have their say and they had access to independent advocates.
- People were supported to make plans and discuss any changes to their care and support. Relatives and partners were also included.
- Staff spent time listening, talking to people and giving choices.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to review care plans to ensure they met people's needs. This was a breach of Regulation 17 HSCA RA Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Care plans were in place for people. They covered all aspects of people's care and support. They were personalised and reviewed regularly.
- The support people received was individual to their needs and was delivered in a person-centred way.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to follow their interests.
- The feedback regarding the activities was positive. One person told us, "The young man comes in to do armchair exercises and I enjoy that, we have singers such as an Elvis impersonator and I like to read and go to the quizzes. I'm happy with the activities and the Activities Coordinator is a wonderful person and will help anyone."

Improving care quality in response to complaints or concerns.

- A complaints procedure was in place that was followed by the registered manager and staff.
- People and their relatives were supported to leave comments. Any issues from these were acted upon.

People's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information could be made available to people in different formats, including large print and audio where required.

End-of-life care and support

- People were supported to make end-of-life care plans expressing their preferences.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to assess and monitor to improve the quality and safety of the service. This was a breach of Regulation 17 HSCA RA Regulations 2014 Good Governance. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Audits were in place and carried out regularly including improved reviews of records and care plans.
- Policies, procedures and audits were current and in line with best practice. Audits highlighted areas for improvement and actions were followed up by the registered manager.
- The provider had contingency plans for people to ensure minimal disruption to care in case of an emergency.
- The provider had sent us notifications relating to significant events occurring within the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager held staff meetings and daily meetings to discuss relevant information.
- Staff could approach the registered manager for support.
- People and relatives were asked for their views on the service and these were acted upon. Such as the redecoration.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture at the home was to support people to practice their chosen religion if they wished and for staff to understand different cultural beliefs or preferences.
- There was a good system of communication to keep staff, people and their families informed of what was happening. Including coffee mornings and meetings.

Continuous learning and improving care

- The registered manager took on board opinions and views of the people who used the service and their relatives to make improvements.
- Opportunities for people and their relatives to meet up at coffee mornings to share ideas and deliver messages were held regularly.

#### Working in partnership with others

- The registered manager worked with health and social care professionals to ensure people received the care they needed.
- The service had good links with the community for example, local university students delivering craft activities and local church visits.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The registered manager understood their duty of candour responsibilities and their management style was open and transparent. They had introduced extra spot checks of the home following our previous inspection.