

St. Marguerite Residential Care Home Ltd

St Marguerite

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St Marguerite provides care and accommodation for up to 24 older people with care needs associated with older age, including dementia and memory loss. There were 18 people living at the service on the day of our inspection, two of whom were in hospital. Some people were on a period of respite care. St Marguerite is an adapted building in a residential area of Eastbourne.

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

People told us they felt safe and well cared for. Relatives were confident that people were safe and had their needs attended to. Staff were trained on safeguarding and understood how to respond to any suspicion or allegation of abuse or discrimination. A relative said, "Staff are really switched on to him, ensuring he is relaxed, safe and happy".

Systems were in place to manage medicines safely; records were clear and ensured people received their prescribed medicines at the correct time and at the correct dose.

Staffing arrangements ensured people had their needs attended to in a timely way, and the service was clean and tidy. People told us, "The place is kept clean and staff are so nice. I am happy here". Recruitment was documented and included a police check, and two references to support safe practice. Relatives and health care professionals were positive about the staff working in the service. One relative said, "I feel staff genuinely care about people".

People's individual risks were assessed, and actions were taken to reduce any risks. The service was clean, and measures had been taken to minimise the risk from COVID-19.

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

There was a stable management structure and staff felt well supported and valued. There was a strong team spirit. Feedback from staff, relatives and visiting professionals was positive about the leadership of the service.

The registered manager and provider were committed to developing and improving the service and promoting individual quality care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 11 October 2019). 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 regulation 17. At our last inspection we recommended that guidelines on PRN medicines were updated. At this inspection we found improvements had been made.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

St Marguerite

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

St Marguerite is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. St Marguerite is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service and the service provider. We looked at the notifications and any safeguarding alerts we had received for this service and spoke to the local authority. Notifications are information about important events the service is required to send us by law. We used information gathered as part of monitoring activity that took place on 5 July 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with eight people who used the service, two visiting relatives and a visiting health professional. Staff spoken with included two care staff, a chef and the registered manager. The providers and owners of the service attended the inspection visit.

We 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 spent time in different areas of the service and observed how staff interacted with people and visitors.

We reviewed a range of records, including three people's care records. We reviewed medication records and observed staff administering medicines. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service were viewed, including health and safety records, maintenance checks and quality audits. We contacted and received further feedback from two visiting professional and two relatives.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- At the last inspection we found medicine records were not consistently completed. PRN 'as required' medicines were not being recorded accurately. A recommendation was made to consider current guidelines on PRN medicines and update practice accordingly. At this inspection we found practice had improved and records supported the safe and consistent administration of PRN medicines.
- Other systems and records were in place to ensure medicines were managed safely. Only staff trained and assessed as competent were involved in the management of medicines. Practice observed confirmed staff followed good practice guidelines. For example, staff ensured time-specific medicines were given at the correct times.
- Medicines were given in an individual way. Records confirmed people were assessed on how they wanted their medicines managed. Medicines were given to people individually with records completed only after staff had ensured they had taken them safely. People told, "They sort out all my medicines".
- Medicines were stored and disposed of safely and audits were completed to monitor their safe management.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Environmental risks were assessed and monitored. Regular maintenance checks were completed to monitor risks. For example, checks were completed on the hot water supplied, and since the last inspection windows were checked regularly for safety. One area not used by people was identified as needing to be checked and this was included on the regular rota.
- Other equipment and services were checked and serviced appropriately; this included lifting equipment, fire safety equipment, gas and electrical equipment.
- Risks to people, their health, safety and welfare were assessed, identified and managed. The care documentation used ensured individual risk assessments were completed. These identified any risk and records confirmed how these would be managed. For example, risks associated with nutritional risk and skin damage were assessed using nationally recognised risk assessment tools.
- Identified risks were responded to, for example, people at risk of skin damage had regular interventions to reduce the risk, that included the use of creams and regular movement.
- Staff recorded any incidents or accidents. These were reviewed and responded to reduce any risk and to learn from past events. For example, staff had noticed people were having difficulty with moving walking frames over the floor covering. Runners were fitted to some walking frames, to improve mobility and safety for people.

- Relatives had noticed that staff responded to risks. One told us, "Staff have covered her walking frame with foam as she was banging her legs. This problem has been solved".

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- People and relatives were confident with the staffing arrangements. They told us there were enough staff to meet people's needs. People said, "There are enough staff, you ask for help and they come" and, "I have no worries, staff come when you ring for them and they are always checking on you".
- Relatives described how staff were available and supported people in a genuinely kind way, spending individual time with them. One relative told us, "Staff spend time with him, and get the best out of him, ensuring he is as relaxed and happy as possible".
- Care staff were allocated tasks that covered care, cleaning and laundry duties on a daily basis. Staff told us staffing numbers were suitable, one staff member said, "There are enough staff, it just works". Observation confirmed staff had time to attend to people in a polite and respectful way.
- The registered manager and provider were available to staff for advice and support out of hours.
- Staff were recruited safely. Appropriate checks were completed to ensure staff were suitable to work at the service. This included, references, Disclosure and Barring Service (DBS) checks and employment histories. The provider confirmed the application form was to be reviewed to ensure full employment history was documented when a CV was not available. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The registered provider had ensured visiting arrangements were aligned with government guidance and we observed visitors in the service on the day of our site visit.

Systems and processes to safeguard people from the risk of abuse

- Staff were kind and attentive, and people responded positively to them. People told us they felt safe and well cared for. One person said, "I feel safe as everyone is so nice here". Relatives were positive about the approach of staff. One relative said, "She is safe; staff are so caring". Another said, "I feel they are safe, and I can even go on holiday".
- All staff had completed on-line training on safeguarding and were able to explain what action they would take if they had any safeguarding concerns. Staff told us, how they would raise concerns with senior staff or the provider in the first instance. They knew what organisations should be notified and knew how to access relevant contact numbers. One staff member said, "I know where adult social care contact details are, if I need them in an emergency".
- The registered manager and provider were familiar with the local safeguarding procedures and had used them in the past.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed 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 not ensured good governance had been maintained to ensure systems were assessed, monitored and used to improve the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 17.

- The registered manager was aware of their responsibilities and was supported by a deputy manager. The provider was very involved and part of the management team visiting the service regularly and engaging with people and staff. The management structure provided clear leadership and direction for the service.
- A number of internal and external quality assurance tools were used, to ensure an oversight of the service and a strategy to develop and improve, with an emphasis on individual quality care. For example, during the provider's visits they spent time with people engaging them in conversations and observing staff interactions. Observations of the environment led to regular maintenance and furniture replacement.
- People and relatives were positive about the management. People told us they knew the managers and the provider and had regular contact with them. One person said, "Everyone is so nice here". Relatives said, "The management and staff all care about them", and "Communication with the management is very good. The finances are all open and transparent and the breakdown of expenses is always clear".
- Visiting professionals were positive about the management arrangements and the standards of support this promoted. One professional told us, "Very well run, this is a good home that looks after my client beautifully".

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

- There was a pleasant and welcoming feel in the service. The registered manager was highly visible and respected by people and staff. He led by example and demonstrated a caring, respectful approach to all.
- The provider and managers were available and approachable and provided ongoing support for staff development and recognised the importance of emotional support when needed. One staff member confirmed appropriate support around family commitments.

- Staff told us they felt appreciated, and part of a 'friendly' team. One staff member told us, "We have good communication and teamwork". Another said, "There is a small team here; we are like a family". All staff members belonged to a WhatsApp group to support regular communication.
- Staff felt listened to and able to influence improvements in the provision of care and support. For example, one staff member suggested a change in how staff breaks were organised, another suggested changes to a person's diet that was adopted. This valued staff views and encouraged their involvement.

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; Continuous learning and improving care

- The registered manager was aware of their responsibilities including those under duty of candour. The relevant statutory notifications had been submitted since the last inspection promptly to the CQC. The provider supported the registered manager in these key areas. Both encouraged open and honest communication with people and their relatives following any accidents or incidents. Relatives told us communication was 'good' and 'effective'.
- The registered manager and provider responded positively to the inspection process and feedback provided in an open and honest way. They were looking to improve outcomes for people and their families and quickly addressed any findings and suggestions made. For example, storage arrangements in the laundry were improved to promote infection prevention and control.
- The registered manager ensured they were up to date with government guidelines on COVID-19. They continuously reviewed these and supported staff to maintain safety and best practice. A relative told us, "They were very good through the pandemic; they managed it very well. They always check that I have completed a check when I visit".

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff worked closely with health care providers including the local GP surgery, specialist nurses and the district nursing team. A visiting health professional told us, "The residents that I have spoken to also seem to speak well of the staff. They seem to have good, friendly relationships and seem to trust the staff to look out for their best interests".
- During the inspection a specialist nurse and relative were completing a joint visit to review care and support of a couple recently admitted for respite care. This had been supported by the registered manager. One relative described how quickly staff responded to their relative's needs, "The nurses came to attend to their sores straight away".
- Health care professionals were very positive about the working relationship they had with the registered manager and staff working in the service. A visiting health care professional told us, "The manager and staff always seem to show good knowledge of the patients. They provide thorough handovers when asked and are always responsive, polite and helpful when discussing the residents. I always tend to note that the staff call at the right time and never let unwell patients go without appropriate care and attention".
- Residents' meetings were held, and staff supported people to attend and to be heard. The registered manager confirmed these were to be held more regularly with shared notes for everyone to read. A visiting professional told us, "The staff act as good advocates for the residents and are always eager to express their concerns if required".