

Yara Enterprises Limited

St. Margarets Residential Home

Inspection report

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Sidcup
Kent
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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

St. Margarets Residential Home, is a care home providing personal care and accommodation for up to 22 older people in one adapted building. At the time of our inspection there were 21 people using the service.

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

There were systems in place to understand and address the quality and safety issues within the service. The quality assurance system and processes covered aspects such as care plans and care records, medicines management, DoLS authorisations and renewals, night visits, call bells, incident and accidents, staff records, health and safety, and the premises. Regular staff, relatives and residents' meetings were held, and feedback was also sought from people about the service. Staff were complimentary about the manager, the registered manager and the home. The provider worked in partnership with health and social care professionals to ensure people's needs were planned and met. However, some aspects of the quality assurance system and process were not effective to mitigate risks in a timely way.

People and their relatives told us they felt safe. People were safeguarded from the risk of abuse. Staff had received safeguarding training and knew the actions to take to report abuse. Medicines were stored, administered, managed safely and accurate records were maintained. There were enough staff available to support people safely. People were protected from the risk of infection. The provider had a system to manage accidents and incidents.

Staff were supported through regular training and supervisions, so they were able to effectively carry out their roles. People's needs were assessed to ensure they could be met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff told us they asked for people's consent before offering support. People were supported to have enough to eat and drink and had access to healthcare professionals when required to maintain good health.

People and their relatives told us staff were caring, considerate and respected their privacy, dignity, and independence. They said staff involved them in making decisions about their daily care and support requirements.

People's care plans were reflective of their individual care needs and preferences and were reviewed on a regular basis. People and their relatives were aware of the home's complaints procedures and knew how to raise a complaint. People's cultural needs and religious beliefs were recorded, and they were supported to meet their individual needs. Where appropriate people had their end-of-life care wishes recorded in care plans.

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

Rating at last inspection

The last rating for this service was good (published 22 July 2021).

Why we inspected

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

Enforcement and recommendations

We made 1 recommendation about improving quality assurance system and processes in good governance.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

St. Margarets Residential 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 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

This service was inspected by 2 inspectors 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. Margarets Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

The service was required to have a manager registered with the Care Quality Commission. 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

Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts that had been raised. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from commissioners and the local authority safeguarding team. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 4 relatives about their experience of the care provided. We spoke with 6 members of care staff, the operations manager, the manager, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We carried out observations of care provided in the communal areas. We reviewed a range of records. This included 4 people's care records, 6 staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

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 good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One person told us, "Staff look after me and I feel safe." Another person said, "The staff have been very good, they will chat to me and call me down [lounge on the ground floor] if I'm anxious." One relative commented, "My [relative] was admitted from hospital, and I am happy they are safe and secure here."
- The provider had a policy and procedure for safeguarding adults from abuse. The registered manager, manager, and staff understood what abuse was, the types of abuse, and the signs to look for. This included staff being aware of the action to take if they suspected someone had been abused and reporting their concerns to the registered manager and the local authority safeguarding team.
- Staff completed safeguarding training. They knew the procedure and whom to report to for whistleblowing and said they would use it if they needed to.
- Safeguarding concerns had been raised, and the provider worked with health and social care professionals to address concerns. There were 2 ongoing safeguarding investigations, at the time of our inspection.

Assessing risk, safety monitoring and management

- People were protected from avoidable harm. The registered manager completed risk assessments and risk management plans that included guidance for staff. For example, about how to manage pressure ulcers, mobility, falls, emollient creams, eating and drinking and the home environment.
- Risk assessments were reviewed periodically or as and when people's needs changed. Staff told us these records provided them with the relevant information they needed to understand people's situation and needs.
- The manager monitored them to ensure they remained reflective of people's current needs.
- The provider had arrangements to deal with emergencies. People had personal emergency evacuation plans (PEEPs) in place, which gave guidance for staff and the emergency services on the support they would require evacuating from the service safely.
- Staff and external agencies, where necessary, carried out safety checks on the premises and the safety of appliances.

Staffing and recruitment

- We saw there were enough staff to support people and to attend appointments when required. One person told us, "There is generally enough staff." Another person said, "The staff do their best, I have been here 2 years, and the staff look after me well." One relative commented, "The staff here are lovely they sit on a chair next to my [relative] so they can keep an eye on them." Another relative said, "Since my [relative] has

been here there has been enough staff."

- People were supported by effectively deployed staff. Staff told us they felt there were enough staff to meet people's needs safely and appropriately and there was on-call management support available for staff as and when required.
- The provider carried out satisfactory background checks for all staff before they started working. These included checks on the staff member's qualifications and relevant experience, their employment history, references, criminal record checks and proof of identification. This reduced the risk of unsuitable staff working with people who used the service. However, 2 staff files recruitment checks required updating. We brought this to the attention of the registered manager, and they acted upon it immediately.

Using medicines safely

- People were supported to receive their medicines safely. One person told us, "The staff support me with my medication." Another person said, "I don't have to take much but the staff support me." One relative commented, "My relative is supported with all their medication."
- Medicines were stored safely and securely. Staff completed medicine administration records (MAR) as required to ensure people received their medicines as prescribed. The service had PRN (as required) medicine protocols in place for any medicines that people had been prescribed but did not need routinely.
- Staff had completed medicines training and their competency to administer medicines had also been assessed. The manager carried out regular checks to ensure people received their prescribed medicines correctly. Medicines administration was observed at lunch time and found they were managed safely.

Preventing and controlling infection

- People were protected from the risk of infection. One person told us, "Yes, they [staff] wear gloves and aprons when supporting me." One relative said, "Hygiene here is very good, I have no concerns."
- Staff understood the importance of effective hand washing, using personal protective equipment (PPE) and disposing of waste appropriately. This protected people from infection and cross-contamination.
- The service had infection control procedures in place and records showed that staff had completed infection control training to ensure they knew how to prevent the spread of diseases.

Visiting in care homes

- The provider had visiting arrangements in place that was in line with the government guidance and the manager ensured all visitors followed it. Visitors were supported to follow the government's guidance as appropriate.

Learning lessons when things go wrong

- There were systems and processes in place to manage and follow up on accidents and incidents.
- Staff completed accident and incidents records. These included details of the action staff took when responding and minimising future risks, as well as details of who they notified, such as the manager and the registered manager.
- The registered manager monitored these events, to identify possible learning and discussed this with staff.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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. 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.

- People consented before staff supported them. We found the service was working within the principles of the MCA and appropriate legal authorisations were in place to deprive people of their liberty. One person told us, "They [staff] ask if I'm ready before they do anything with me."
- Staff training records showed they had received MCA training.
- Staff assessed people's mental capacity, supporting decision-making and best interest decision-making. Staff knew about people's capacity to make decisions through verbal or nonverbal means, and this was well documented
- Records confirmed capacity assessments had been completed and people and those important to them were involved in best interest meetings. However, improvement was required about recording the consent, to ensure records do not indicate consent to care and treatment has been given when people lack mental capacity, to make those informed decisions. We brought this to the attention of the manager and the registered manager, who told us how they would improve the consent records.

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

- People's needs were assessed in brief prior to their admission, however in detail following their admission in consultation with family members as appropriate, to ensure their needs could be met. One relative told us, "Yes [the manager] came out and assessed my relative's needs at the hospital." Another relative said, "[the registered manager] came to visit us at home and carried out an assessment with the family involved."

The assessments looked at people's medical conditions, physical and mental health, allergies, communication, continence, mobility, nutrition, and choices.

- Where appropriate, people and relatives were involved in this assessment. This information was used as a basis for developing personalised care plans, to meet each person's needs.
- Care plans reflected people's needs, and staff knew how to support people to make choices.

Staff support: induction, training, skills, and experience

- The provider supported staff through supervisions, appraisals, and training to ensure they had the appropriate knowledge and skills to meet people's needs. One person told us, "They [staff] all know what they're supposed to do." One relative said, "I know that [name of the manager] runs training for the staff, all of them appear to know what they are doing and are very caring."
- Training records confirmed that staff had completed training that was relevant to people's needs. Training included safeguarding adults, medicines administration, nutrition and hydration, dementia care, infection prevention, health and safety, moving and handling, equality and diversity, mental capacity, and including refresher training as well.
- Staff told us, the training programmes helped them in understanding people's needs and delivering appropriate care.
- Staff told us they received regular supervision and said they could approach the registered manager and the manager at any time for support and they were helpful.

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

- Staff supported people to eat and drink enough to meet their needs. People could exercise choice and could access sufficient food and drink. One person told us, "The food is very good, if I don't want something they [staff] will get me something else." Another person said, "I can manage my meals, we have plenty of choice of food, and it's lovely." One relative commented, "Food always looks lovely, freshly cooked."
- People's dietary needs were met in accordance with their individual needs.
- We saw how staff supported people with making food choices and their choices were respected.

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

- People were supported to maintain good health. One person told us, "They [staff] ask if I have any aches and pains and will call a doctor if needed." A relative said, "I'm here most days, but staff would let me know if there were any health concerns."
- People's care records included evidence of regular contact with healthcare professionals, the manager joined weekly rounds online with the GP practice and the GP visited in person when required. The district nurse visits the home when required as well as the chiropodist and dentist.
- People's health needs were recorded in their care plans along with any support required from staff in relation to these needs.
- Staff told us they would notify the manager or the registered manager if people's needs changed and if they required the input of a healthcare professional.

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

- People's care and support was provided in a safe, well equipped, and well-furnished, environment which met people's needs.
- The walls of the home were decorated with a variety of pictures, nature scenes and photographs of people enjoying seasonal activities. There were handrails on walls where the floor sloped on the ground floor.
- People could access a variety of shared living spaces which included a lounge with TV, and a garden with seating furniture.

- People were supported to personalise their rooms with furniture they needed, including the communal areas.

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

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

- People and their relatives had been consulted about the care and support they received. One relative told us, "I have been involved in my [loved one's] care plan."
- Staff respected people's choices and preferences, such as the clothes they wanted to wear, their food and drink preferences, and what activity they wanted to do during the day. One person told us, "I can choose what I have to eat, and we have a choice of activities." Another person said, "They [staff] ask if I want to go to the lounge or stay in my room."

Ensuring people are well treated and supported, respecting equality and diversity. Respecting and promoting people's privacy, dignity, and independence

- People's privacy and dignity was respected. One person told us, "I have asked to be supported by female staff only." Another person said, "They [staff] are all so nice, they knock on my door, they respect my wishes."
- People were treated with respect and kindness. Staff took time to smile and laugh with people through the day, and talk with them about things they were interested in. One person told us, "I can become very anxious, and the staff will give me time to calm down which helps a lot."
- The service was non-discriminatory, and staff told us they would always support people with any needs they had with regards to their disability, race, religion, sexual orientation, or preferred gender.
- People were supported to maintain their independence. One person told us, "I make my own choices when I want to get up, when I want to go to bed and to do as much as I can for myself." One relative said, "My [loved one] is not mobile now so can't walk alone, but staff do encourage my them to be as independent as they can be."
- We saw people with various mobility aids mobilising independently and some with staff support. Staff told us they encouraged people to complete tasks for themselves, as much as they were able to.
- Training records confirmed that staff had received training on equality and diversity.
- People's care records included sections about their cultural and religious backgrounds and relationships that were important to them.
- Staff received privacy and dignity training. They were able to tell us how they maintained people's privacy and dignity by knocking on doors and asking for their permission before entering their room, and ensure they were comfortable when providing people with personal care.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- Care plans were person centred and were supported in line with their needs and preferences. One relative told us, "I have sat with [manager] and gone through the care plan." Another relative said, "We are invited to care reviews, family, and residents meeting." Care plans contained information about people's personal life, social history, preferences, likes, dislikes, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals.
- Care plans were kept under regular review to ensure people's changing needs were met.
- Staff knew people well and told us of the support they provided, to ensure individual needs were met.
- Care plans included the level of support people needed from staff and what they could manage to do for themselves.

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 maintain and develop relationships with those close to them.
- Staff recognised people's need for stimulation and supported people to follow their interests and take part in activities. One person told us, "They [staff] support me to attend activities within the service." Another person said, "I like to listen to music and have a little dance with the staff." One relative commented, "My [loved one] likes to do chair exercises, they [home] used to have an activity person who arranged it, but not at the moment."
- The manager told us, the previous activity coordinator had left the service in June 2023, and a new activity coordinator was recruited, who is scheduled to start in a week's time. However, the home had arranged a monthly Church service at the home and have an external person visiting every Thursday, for music and moments exercise.
- We saw group singing was being facilitated by staff, people were joining in with singing and dancing.

Meeting 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.

- People's information and communication needs were identified and recorded. For example, people's ability to communicate their needs, comfort and pain were reflected in their care plans.
- Staff offered choices tailored to individual people using a communication method appropriate to that

person. For example, writing questions down rather than verbally asking.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure for managing complaints and this was accessible to people and their relatives. One person told us, "I would speak to a member of staff." Another person said, "I would speak to the manager."
- Records of concerns and complaints made about the service were maintained. The registered manager and the manager understood their organisation's procedures and responded to complaints appropriately.

End of life care and support

- The provider had an end-of-life care policy in place. The registered manager told us that none of the people currently using the service required support with end-of-life care. They said they would liaise with the appropriate health care professionals to provide people with end-of-life care and support, when it was required.
- People were supported to have plans for their end of life wishes to be met. People had DNACPR decisions recorded, which had involved them or their family members, including the healthcare professionals.

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 good. At this inspection the rating for this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There were systems in place to understand and address the quality and safety issues within the service. The quality assurance system and processes covered aspects such as care plans and care records, medicines management, DoLS authorisations and renewals, night visits, call bells, incident and accidents, staff records, health and safety, and the premises.
- However, some aspects of their systems were not effective, they had failed to mitigate risks about functioning of the call monitor in the lounge, 2 staff recruitment checks were incomplete, and to ensure records do not indicate consent to care and treatment has been given, when people lack mental capacity, to make those informed decisions.

We recommend the provider to make improvements about their quality assurance system and process and take action to update their practice accordingly.

- Notwithstanding the above, following the inspection the registered manager told us about the improvements they have made in relation to the above concerns.
- There was a clear management structure at the service. Staff were aware of the roles of the management team. Staff understood their roles and responsibilities.
- Staff told us they had access to support and advice from management when needed and at staff meetings.
- The service had an on-call system to make sure staff had support outside of office working hours and staff confirmed this was available to them.
- The service had a registered manager in post. They were aware of their registration requirements with CQC and understood the importance of quality monitoring and continuous learning and improvement within the service.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were positive about how the service was run and the support they received from the manager, the registered manager, and staff. One person told us, "I do think the home is great." Another person said, "They [management team] occasionally come around and talk to us."

- Relatives were positive about how the home was managed. For example, one relative told us, "They [management team] will come and have a chat with me, we are also invited to meetings, and they send us questionnaire and a monthly newsletter, to keep us up to date with what is happening." Another relative said, "They [management team] have regular family and residents meeting, they send us the meeting minutes and a monthly newsletter."
- Throughout our inspection we observed positive caring and supportive interactions between people and staff.
- Records showed staff encouraged relatives to get involved in care reviews and the best interests' decision-making process, if appropriate.
- The manager and the registered manager had encouraged and empowered staff to be involved in service improvements through staff supervisions and appraisals.
- The manager and the registered manager held staff meetings to discuss areas such as any changes in people's needs, guidance for staff about the day-to-day management of the service, coordination with health care professionals and any changes or developments within the service. Staff were positive about how the service was run and the support they received from the manager and the registered manager.

Continuous learning and improving care. Working in partnership with others

- The provider had created a learning culture at the service which improved the care people received. The manager, registered manager and staff team demonstrated a willingness to provide good quality care to people. They made immediate improvements following safeguarding investigations and our inspection feedback.
- The manager and the registered manager were committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people. For example, they continued to work with a range of health and social care professionals and worked closely with local authority commissioners.
- There were systems in place to ensure the provider sought the views of people using the service through regular reviews of their care and surveys that were conducted. People's feedback has been positive.

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 was aware of their responsibilities under the Duty of Candour and acted with openness and transparency throughout our inspection. The Duty of Candour is a regulation that all providers must adhere to.
- Staff were encouraged to report all accidents, incidents or near misses and to be open and honest if something went wrong.