Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

St Margarets

Littlecoates Road, Grimsby, DN34 4NQ

Tel: 01472241780

Date of Inspection: 21 November 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Sun Health Care Limited
Registered Manager	Mrs. Debbie Cousins
Overview of the service	St Margaret's is a purpose built residential and nursing home. The accommodation is provided over one level.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Staffing	11
Assessing and monitoring the quality of service provision	12
Complaints	13
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 21 November 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

People told us that staff were polite and treated them with respect. They said, ""Yes, the staff look after us they do pretty good" and "They look after me".

We observed that people were supported to make choices through their day and that interactions with staff were respectful.

We saw that people were supported to have their needs met through a care planning process and that these documents were regularly reviewed to ensure that staff were aware of the latest needs of the person. One visitor we spoke with told us that the home was "Excellent" and that the staff were "Phenomenal". With another visitor confirming "Yes X's needs are met, it's not bad at all here."

Everyone we spoke with felt safe living in the home and staff had undertaken training on the safeguarding of vulnerable people.

We saw that there was a set amount of staff on duty each day and that the manager had a system in place to cover for any staff sickness or holidays.

There was a complaints system in the home and people told us they would raise concerns with the manager.

We saw that the manager completed audits within the home and spoke to people who lived in the home to ensure the home were aware of their views.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

We spoke with four people who lived in the home and three relatives. One person we spoke with confirmed that they felt they were treated with respect by the staff. Another person confirmed that the staff were respectful of their privacy and commented, "They look after me". Three visitors to the home told us that staff were always "Polite".

We spent time observing how staff interacted with people, in different areas of the home, and saw that these interactions were positive and respectful. We observed staff supporting people with choices through their day. For example one person was asked about their lunch choices, they told staff they were still deciding and staff confirmed that this was fine and that they would come back later.

We saw that there was information on display in the entrance hall of the home that described the "Dignity in Care" campaign to people and included other information in relation to challenges when meeting people's dignity. This provided people with information on how their dignity would be met in the home.

The manager told us how dignity was being addressed within the home and that there were two 'Dignity Champions'. One was someone who lived in the home and the other being a relative of someone who lived in the home. The dignity champions were able to represent people who lived n the home when developing new systems to ensure that people's dignity was met.

Staff gave us good examples of how people's privacy and dignity were respected. This included, closing doors when supporting someone with personal care and asking people what they wanted to eat and where they would like to eat either in the dining room or their own room.

When we asked people about choices through their day one person said "I have no choice of food". However, another person said "I can please myself." And confirmed they had choices with their food. Another person also told us they were involved in their care review "Every six months, but my daughter asks the questions." A visitor told us how they were always involved in any review of their relatives' care and had seen their care plan.

Staff gave us examples of the choices people could make each day, these included that people could decide where to spend their day, for example in their room or in the communal lounge. People could decide whether to have bath or a shower and whether to have a male or female carer. Staff told us that information regarding people's choices was recorded in the person's life history and in their care plan. They told us that people's family's told them about the person's likes and dislikes and that these were recorded in people's life history folder.

We saw that people's life story work contained some information on people's likes and this provided staff with this information when supporting people in the meeting of their needs. needs.

When we asked the manager about the use of advocacy in the home she confirmed that one person was supported via their solicitor and that one person was supported by an independent mental capacity assessor.

We saw that people's daily evaluation notes were written by the nurses in the home. These records included the person's health and dietary needs. It also included if someone had declined any treatment. The provider may wish to note that they did not include details of how the person spent their day, for example undertaking an activity with a staff member. This did not ensure that the daily notes offered full information on how the person spent their day.

The manager told us that meetings between people who lived in the home, their relatives and the managers of the home had taken place but that there were only a few people who attended these. This was mainly because the majority of the people who lived in the home were too unwell to attend. She has addressed this through speaking with people on an individual one to one basis and was to commence recording these conversations. This helped to ensure that people were provided with the same information about the service they lived in.

Additionally there were policies in the home which included how to support people with advocacy, autonomy and choices. These provided staff with information to help ensure that people were correctly supported.

People who use the service understood the care and treatment choices available to them

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights

Reasons for our judgement

One person who lived in the home told us "Yes the staff look after us, they do pretty good", and "Yes they mostly meet my needs". When we asked this person about the food provided in the home they said "I'm a picky eater but I can order what I want."
One visitor we spoke with told us that the home was "Excellent" and that the staff were "Phenomenal". With another visitor confirming "Yes X's needs are met, it's not bad at all here." Two of the people we spoke with told us that the standard of the food was "Variable".

When we looked at people's files we saw that they included copies of the local authority assessment prior to the person moving into the home. Additionally assessments had been completed in the home to ensure that staff were fully aware of the needs of the individual. These included a moving and handing assessment, nutritional needs assessment and a falls risk assessment.

This information had been used to developed plans of care for each person that reflected their needs and they were to be supported, for example, with individual illnesses, pain control, fluid and nutrition. We saw that these were regularly reviewed and kept up to date. Monitoring charts where then in place that recorded any changes with the person or monitored them on a daily basis, for example with their fluid or diet intake. When we chatted with staff they told us they monitored people's needs to ensure they were met by the use of monitoring charts for example, fluid charts and daily notes. These systems helped to ensure that peoples' needs were recognised, monitored and met.

People's files also included risk assessments to assist them to live their lives as safely as possible. These included safety when mobilising, the use of bed rails and the risks for one person with swallowing.

There were records for assisting people to maintain their health which included the use of a health action plan and multi disciplinary notes that recorded input from professionals, for example the dietician.

We saw that life story work had been completed for people. This gave the staff an insight into the person's life prior to moving into the home and provided them with information to get to know the person better.
There was an activity programme in the home which was designed to cover a four week

period. There was a choice of activities available which included arts and crafts, spiritual sessions, needlework, music, films, bingo and reminiscence work. Staff told us that activities included dominoes, sing a longs and instruments. This helped people's social and mental health needs to be met.

When we looked at the policies within the home we saw that procedures where in place for dealing with emergencies in the home to ensure that people were kept safe.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Everyone we spoke with who lived in the home told us they felt safe living in the home and the two visitors we spoke with told us they felt their relative was safe living in the home.

We looked at the procedures in the home and these included a procedure on the safeguarding of vulnerable adults. This in turn included information on people's human rights and the different types of abuse. It recorded the actions to take should an allegation of abuse be raised in the home and this included reporting this allegation immediately to the local authority safeguarding adult's team. Additional policies included an anti-bribery policy and details of the Independent Safeguarding Authority (ISA).

When we spoke with staff they told us they had all completed training on the safeguarding of vulnerable adults (SOVA). Additionally when asked staff were all positive about the actions they would take should an incident of alleged abuse occur in the home.

When we looked at the staff training matrix we saw that the large majority of the staff team had completed the SOVA training.

The manager told us they did not support people with the handling of their personal monies and that people completed this themselves or with the assistance of families or representatives.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

People who lived in the home told us they felt there were enough staff and that staff "Know their jobs". When we talked with three visitors they also told us they felt there were enough staff in the home. Staff confirmed to us that they felt there were adequate numbers of staff in the home and that the staff were "A good team".

The manager told us about the staffing levels in the home and how these were set at a permanent amount of staff each shift. This had been reviewed and increased recently when someone who required additional one to one support moved into the home.
They also told us that there were bank staff employed within the home to cover shifts when people were absent due to annual leave or sickness. On occasions they would use staff provided by a staff agency.

We looked at the duty rotas and saw that there were staff on duty each morning and each afternoon. On a night there was always one nurse and four carers.

Additionally we looked at the staff training matrix and saw that the training covered a large variety of topics. The provider may wish to note that some courses for example stroke awareness, had only been completed by a few (four) staff. This had the potential to mean that there were not enough staff with the correct knowledge or skills available within the home.

There were enough qualified, skilled and experienced staff to meet people's needs.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

When we looked at records in the home we saw that there were records of any accidents or incidents with details of any actions taken to prevent a re-occurrence.

We saw that audits had been undertaken within the home and these included tissue viability and infection control. Additionally there was a monthly monitoring visit undertaken by an organisational representative. This visit included gaining the views of the people who lived in the home and a review of records. Additionally there were surveys undertaken which involved the people who lived in the home and visiting professionals. This provided the manager with information on how well people felt they were meeting the needs of people and if any areas of improvement were required.

We saw there were records for the staff meetings undertaken and these took place every six months. The staff meetings were separated into meetings for each staff group, for example, kitchen or domestic staff. This helped to ensure that all staff received the correct information relevant to their role. When we spoke with staff they told us there were regular staff meetings held and that these provided them with "Good information".

We also looked at the records of maintenance held within the home and and saw that certificates were in place to confirm that the electric, gas and lifting equipment had been maintained. The fire maintenance certificate was not available on the day of the visit but was forwarded to CQC the next day and this confirmed that the fire systems had also been maintained.

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

When we asked people about raising complaints, one person said "No, I wouldn't complain". With other people confirming "Yes" they would complain, although not everyone could recall seeing the complaints procedure. One visitor told us that if they had a complaint they would "Just go to the manager, she would say come in and we would sort it out". Another said "I would say something but there is not a lot they could improve upon."

When we talked with staff about handling complaints they were aware of the system within the home for referring complaints to the manager.

We saw that the service user guide contained a copy of the complaints system within the home. The service user guide was provided to people prior to moving in the home to assist them in making the decision to move there. We saw that the policies in the home included a policy for the handling of complaints and that this was also available in an easy read version. This helped people understand the information available.

We looked at the complaints records held in the home and saw that when a complaint had been received records were kept which recorded any investigation undertaken and the outcome of the complaint.
People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

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