

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

## St Margaret's Care Home

St Margarets Garth, Crossgate, Durham, DH1  
4DS

Tel: 01913868949

Date of Inspection: 27 February 2014

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2014

We inspected the following standards to check that action had been taken to meet them. 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

## Details about this location

Registered Provider	HC-One Limited
Registered Manager	Ms. Sandra Cheryl Savage
Overview of the service	St Margaret's care home is situated near to the city of Durham. It can accommodate up to 60 people, some of whom have dementia. Nursing care is provided at this care home.
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

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*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'.*

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## Summary of this inspection

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### Why we carried out this inspection

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We carried out this inspection to check whether St Margaret's Care Home had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Care and welfare of people who use services

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 27 February 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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We spent time talking with people and observing care practice where people with nursing care needs lived. We saw people were treated with dignity and respect. For example, when staff talked with people they made sure they got down to their eye level. When people were supported to walk, they were not rushed but supported to move at a pace comfortable for them. We found people's care and welfare needs were met. This was because important information in people's care records had been kept up-to-date and were followed in practice.

Everyone we spoke with was complimentary about the care provided. People told us the staff were always smiling and treated them with respect. One person said "It's marvellous here. I'll give it ten out of ten."

Overall we found significant improvements had been made since we last visited in October 2013.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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**

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### Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided in relation to their care.

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### Reasons for our judgement

People who used the service were given appropriate information and support regarding their care or treatment. People were treated with dignity and respect.

At our last inspection in October 2013 we found the provider was not compliant with this essential standard. This was because some people were not treated with dignity and respect or supported to make meaningful choices. In addition some people were deprived of their liberty without their best interest being considered.

In response the provider sent us an action plan showing how they were going to make improvements. At this inspection visit we looked again at measures taken by the provider to become compliant.

The home was divided into three units. One small unit, where people with dementia were accommodated and two larger units where people with 'general residential' care needs and 'nursing' care needs were accommodated. To understand people's experiences we spent time observing staff practices on the first floor of the home where people with nursing care needs were accommodated. This included time observing care practice in the dining area. We also spent time talking with people.

Everyone we spoke with was complimentary about the care provided. People told us the staff were always smiling and treated them with respect. One person said "It's marvellous here. I'll give it ten out of ten."

We watched how the staff supported the people in their care. We saw people were treated with dignity and respect. For example, when staff talked with people they made sure they got down to their eye level. When people were supported to walk, they were not rushed but supported to move at a pace comfortable for them. We heard staff address people respectfully, speaking quietly about private matters. We saw staff offered people choices.

For example, what they would like to eat and drink and the portion size of their meal. We talked with staff who told us they had attended training courses about promoting people's dignity. We saw records which demonstrated all staff had been provided with this training. We saw the manager had made sure all staff had read and signed to show they understood the home's privacy and dignity policy.

The manager told us she had carried out a 'dignity' survey with people using the service in January 2014. The results of this were displayed on the home's notice board. We saw 100% of people who responded said they were addressed in the manner they preferred, 100% said they were treated with courtesy and respect and almost all said their privacy was respected. All of these measures demonstrated how people were treated with dignity and respect and offered choices.

When we last visited we saw a decision had been made by staff to restrain two people in their wheelchairs using a strap. At this time the staff thought their actions were acceptable because the people were at risk of falling and had dementia care needs. However, no Deprivation of Liberty Safeguard (Dols) application had not been made to the Local authority about this. This was important because before authorising that someone's liberty can be deprived, the local authority has a statutory duty to use a trained professional, known as a 'best interest's assessor', to decide if someone has the mental capacity to make a decision about a particular issue for themselves. Since our last visit we saw records which showed the manager had taken advice from the local authority safeguarding team. Following the advice received we saw she had completed capacity assessments with the involvement of the service user, their families and other health care professionals. This was to ensure the decision to continue to use the wheelchair straps was done in the person's best interests. We saw the manager had made sure all staff had read and signed to say they had read and understood the home's Dols policy and procedure as well as the falls risk prevention management policy. All of these measures demonstrated how the provider made sure decisions were made in people's best interests.

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

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**Our judgement**

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The provider was meeting this standard.

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

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**Reasons for our judgement**

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

At our last inspection in October 2013 we found the provider was not compliant with this essential standard. This was because care plans had not always been updated to reflect health care needs and staff did not always follow actions in the care plans.

In response the provider sent us an action plan showing how they were going to make improvements. At this inspection visit we looked again at measures taken by the provider to become compliant.

We looked at two people's care records during our visit. The care records showed risk assessments and care plans had been reviewed and re-written since our last visit. They provided detailed guidance about the support each person needed in relation to their care needs. They had been written in a person centred way. (Person centred means they were written in a way to describe the person's abilities and how they preferred their care needs to be met). We saw where risks had been identified measures had been put in place to reduce them. For example, where people had been assessed as being at high risk of falling or from developing skin damage as a result of pressure (called a pressure sore) specific care plans had been put in place to guide staff practices.

We saw records which demonstrated all senior staff had been provided with care planning training. We also found every person's care plan had been reviewed since our last inspection to see if people's needs had changed and if they had, updated plans and actions were written.

All of these measures demonstrated how the provider met people's health and welfare needs.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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