

Avery Homes (Nelson) Limited

Merlin Court Care Home

Inspection report

The Common
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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Merlin Court Care Home is a purpose built residential home for up to 62 people, some of whom live with dementia. Rooms are on two floors accessed by stairs and a lift and are all ensuite. There are various communal areas including a cinema, café, hair salon, lounges and dining areas. At the time of our inspection there were 36 people living at the service.

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

The Care Quality Commission (CQC) had not been notified of all notifiable incidents and accidents as required by law. This was a repeated breach of regulation. Whilst incidents and accidents had been recorded and investigated, they had not been reported to CQC or the local authority in all cases.

There were robust systems in place to ensure the home was clean. People told us they were happy with the cleanliness of their rooms and communal areas. High contact areas such as door handles had additional cleaning throughout the day.

Staff had personal protective equipment (PPE) to use and had been trained on how to use it safely. Staff told us they felt safe working at the service.

Arrangements were in place to make sure visitors were screened before entering the premises. All visiting by relatives was planned and booked in advance. The provider had organised an indoor visiting room with screens to keep people and relatives safe. This was thoroughly cleaned after each visit.

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 22 July 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 enough improvement had not been made and the provider was still in breach of regulation.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 23 and 24 May 2019. A breach of legal requirements was found. The provider completed an action plan after that inspection to show what they would do and by when to improve their notifications submitted to CQC.

We undertook this targeted inspection to check the provider had carried out the improvement required in relation to the breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We also 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 coronavirus and other infection outbreaks effectively.

CQC have introduced targeted inspections to follow up on Warning Notices, breaches of Regulations or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

The overall rating for the service has not changed following this targeted inspection and remains Requires Improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Merlin Court Care Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to the provider failing to notify CQC of serious injuries at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at infection prevention and control.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Merlin Court Care Home

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had made the improvement needed in relation to a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

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 inspection was carried out by one inspector.

Service and service type

Merlin Court Care 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.

The service had 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.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because we needed to check some information about COVID-19 before we visited the service.

What we did before the inspection

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

judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, regional manager and reviewed some records. This included incident and accident forms, incident analysis and monitoring and an infection prevention and control audit. We also looked at daily records for three people.

After the inspection

We spoke with four people and contacted three relatives to hear their views on the care and support provided. We telephoned and spoke with five members of staff. We continued to seek clarification from the provider to validate evidence found. We reviewed policies and a quality monitoring audit carried out by the provider.

We contacted three healthcare professionals for their feedback about the care and support. We also contacted the local Wiltshire Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

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

The purpose of this inspection was to check if the service had taken the action needed to improve in the key question well-led. As part of this inspection we checked infection prevention and control in the key question safe. We are checking this area for all care home inspections carried out at this time. We will assess all of the key question at the next comprehensive inspection of the service.

Preventing and controlling infection

- The home had clear visiting procedures in place for all visitors. Relatives had been sent information to inform them of the arrangements. Visits were carefully planned and managed by the staff and had to be booked in advance.
- All visitors had their temperatures checked and were asked about their health. Visitors were expected to wear personal protective equipment (PPE) which the home provided. The provider had purchased screens to use in a room for visiting in inclement weather. The room was clear of all soft furnishings so that it could be cleaned thoroughly after each use.
- There were robust cleaning arrangements in place, this included all areas of the home. Staff cleaned high contact areas more often such as door handles and hand rails. Comments from people about the cleaning included, "They [staff] come in every day and clean" and "I feel very safe with regards to the virus with the precautions they [staff] are taking. The staff clean it [room] every day, they are very thorough and wipe everything down carefully."
- The registered manager had produced pictorial guidance for staff to know the correct ways in which to clean some equipment and furniture. The registered manager had purchased additional cleaning equipment which they were planning to use. They told us whilst the cleaning was thorough additional equipment would enhance their regimes. People, relatives and staff spoke positively about the registered manager's approach during the pandemic.
- Staff had been given training on how to use PPE safely and were provided with the appropriate PPE to use. We saw staff wearing masks and changing PPE when needed. Staff had an area where they could change into their uniform on arrival and clean their shoes.
- Comments from staff about measures in place included "We had training on how to use PPE from the home trainer. They showed us how to put it on and take it off", "We have always had enough PPE and we have been given guidance. The provider is quite hot on making sure we work properly" and "Right from the start they [management] got us to change into our uniforms at work, the infection control arrangements have been clear. [Registered manager] has talked through all the different procedures, we talk about things in handovers. There is a file in his office where we can go and get more information."
- For any new people moving into the home there was a policy to test for COVID-19 and isolate on arrival. People had been supported to maintain contact with their friends and family using technology and more recently garden visits had commenced. The registered manager was monitoring people's wellbeing and making sure there were opportunities to reduce isolation.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key where the provider was in breach of regulation. The purpose of this inspection was to check if the provider had met the requirements set at the last inspection.

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

At our last inspection the provider had failed to notify the Care Quality Commission (CQC) of all notifiable incidents, accidents and events as required by law. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Not enough improvement had been made at this inspection, so the provider remains in breach of regulation 18.

- We found six serious injuries that had not been notified to CQC. Whilst incidents and accidents had been recorded and reviewed by the registered manager, serious injuries had not been notified to CQC which is a requirement by law.
- This meant CQC were not able to monitor the service or ensure appropriate action had been taken in relation to these incidents.
- We also found the local authority had not been notified of five of these serious injuries. Following our site visit the registered manager informed us they had informed the local authority of the incidents.

The above concerns form part of a continued breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify us of all serious injuries as they are required to do by law.

The enforcement action we took:

We served a warning notice.