

The Healthcare Management Trust

Marie Louise House Nursing Home

Inspection report

Newton Lane
Romsey
Hampshire
SO51 8GZ

Tel: 01794521224
Website: www.hmt-uk.org

Date of inspection visit:
31 January 2022
03 February 2022

Date of publication:
22 March 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Marie Louise House Nursing Home is a nursing care home providing personal and nursing care to up to 51 older people. The home consists of three separate floors with their own shared spaces, including lounges and activity spaces. One of the floors offered specialised care and support to people living with dementia and they had their own area of the garden which they could access safely. At the time of our inspection there were 30 people using the service.

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

People and their relatives told us they felt safe and liked living at the home. People knew who they could talk to if they had any worries or concerns. There were appropriate policies and systems in place to protect people from abuse. Staff knew how to recognise abuse and protect people.

Risks to people were recorded in their care plans. Staff demonstrated their knowledge of people and how to support them to manage their individual risks. The safety of the environment, and of equipment within it, was monitored through regular checks.

We were assured that the provider effectively managed or prevented infection outbreaks. People told us they were able to contact their family members and friends when they wanted to. The provider facilitated visits to people living in the home in accordance with government guidance.

People and staff told us there were enough staff to meet people's needs. We observed safe staffing levels throughout the inspection and staff appeared unhurried and responsive to people. Safe recruitment processes were in place.

People received the correct medicines at the right time. Staff followed systems and processes to safely administer, record and store medicines. People received care and support which met their needs.

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

People and their relatives were positive about the quality of care and support people received. People, and those important to them, worked with the management team and staff to develop and improve the service. There were a number of systems and processes in place for monitoring the quality of care. These were used to plan improvements. Where issues were identified remedial action was taken. Staff felt respected, supported and valued.

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 29 September 2020).

Why we inspected We carried out an unannounced inspection of this service in relation to the Key Questions Safe, Effective and Well-led on 18 and 20 August 2020. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do, and by when, to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Marie Louise House Nursing Home on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Marie Louise House Nursing 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 included checking the provider was meeting COVID-19 vaccination requirements. 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 two inspectors.

Service and service type

Marie Louise House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Marie Louise House Nursing Home is a care home with nursing care. 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 unannounced.

Inspection activity started on 31 January 2022 and ended on 9 February 2022. We visited the service on 31 January and 3 February 2022.

What we did before the inspection

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. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with five people and two relatives about their experience of the care provided. We spoke with 11 members of staff including, the registered manager, the clinical lead, two registered nurses, two carers, an activities coordinator, trainer, housekeeping supervisor, maintenance supervisor and the chef. We reviewed a range of records. This included multiple medicine records, five staff files in relation to recruitment and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from eight relatives and five staff. We looked at a range of records including five people's care records and a sample of staff supervision records. We looked at training data, quality assurance records and 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to protect people from the risks associated with falls. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff were knowledgeable about the action they would take in the event someone experienced a fall. Records viewed confirmed this action had been taken consistently.
- The provider had a robust falls protocol in place and had implemented an electronic system which automatically prompted staff on what action to take in the event of a fall. Falls management was closely monitored by the management team and all falls were investigated.
- The provider had an established falls clinic where they reviewed falls to see if there were any further actions that could be taken to keep people safe. This had resulted in positive outcomes for people. For example, following analysis of falls the provider had identified people were at an increased risk of falls if their fluid intake was low. They had identified people's optimum fluid intake levels, and these were clearly documented for people.
- Risks to people were recorded in their care plans. The provider had implemented measures to support staff to recognise early warning signs of changes or deterioration in people's health conditions to enable prompt early intervention. For example, the provider carried out 'pressure prevention' competencies with staff. One relative told us, "The staff are quick to notice any change in Mum health wise."
- Equipment was maintained and had been regularly tested to monitor effectiveness and safety. However, we did observe the evidence of these checks and services were not always filed in an organised way which made it difficult for the provider to produce the information easily. This had already been identified as an action by the provider prior to the inspection and the maintenance person was prioritising the implementation of a more effective system.
- Environmental risks, including fire safety risks, were assessed, monitored and reviewed regularly.
- Business continuity plans were in place to ensure individuals were prioritised in terms of risk during crisis situations.

Using medicines safely

At our last inspection the provider had failed to protect people from the risks associated with the management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People received their medicines safely in line with their preferences and by staff who knew them well.
- People's medicines were regularly reviewed by their GP to monitor the effects of medicines on their health and wellbeing.
- There were safe and suitable medicines administration, storage and management of medicines systems in place.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us people felt safe and liked living at the home. Comments from relatives included, "I am completely confident that my dad is happy and secure in this environment", "It is top quality, we are very impressed with the care" and "I am very happy with the home and care my mum receives."
- There were appropriate policies and systems in place to protect people from abuse. The manager understood their responsibilities to safeguard people from abuse.
- Staff understood their responsibilities to safeguard people from abuse and knew how to raise concerns to ensure people's rights were protected. Staff were confident any concerns they raised to the management team would be dealt with appropriately.

Staffing and recruitment

- People told us there were enough staff to support them when they needed this. The majority of feedback we received from relatives was positive about staffing levels, they felt there was enough staff to meet people's needs. One relative told us, "He has a buzzer and I have seen staff respond appropriately."
- We observed safe staffing levels throughout the inspection and staff appeared unhurried and responsive to people. People confirmed to us they didn't feel rushed by staff. Staff told us when agency staff were required, the provider booked the agency staff who were familiar to people and knew how to support people in their preferred way.
- Safe recruitment processes were in place. Staff files contained all the information required to aid safe recruitment decisions, such as, evidence that pre-employment checks had been carried out. This included employment histories, references, evidence of the applicant's identity and satisfactory Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. The provider had implemented clear protocols within the home, and we observed staff consistently following them. For example, one person at a time using the lifts.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visiting arrangements for friends and relatives were in line with current guidance. People were supported to have visits from their family members and friends. Some relatives told us how hard they had found the visiting restrictions during the pandemic. However, they acknowledged the home had been following the government guidance in place at the time and whilst they had not been able to visit their loved ones as often, or as flexibly as they had wanted to, they had been able to book appointments with the home to visit at specified times during the pandemic.
- There were no restrictions on essential care givers visiting. Essential care givers are visitors identified by the person who provide them with additional support. Visits to people at the end of their life were also not restricted.
- All visitors were required to wear suitable personal protective equipment, (PPE) provided at the service and prior to entry were required to complete the providers robust infection, prevention and control (IPC) visitors' protocols in place. These included, COVID-19 screening questions, evidence of a negative lateral flow device tests and having an individual risk assessment completed by the home.
- The provider had implemented full time 'visitor relations' staff. Their role consisted of ensuring all visitors to the home followed guidance, procedures and protocols in relation to infection prevention and control, as well as managing all testing for people and staff. They demonstrated their knowledge and passion for this role during the inspection. We observed them to be very effective in ensuring the provider's visiting protocols were consistently followed.
- People were able to participate in visits outside of the service. For example, we observed one person going out with their family member from the home for a local walk.

Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- Where an incident or accident had occurred, the provider had robust procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence.
- We saw evidence of trend analysis of incidents taking place. Staff were informed of any accidents and incidents and these were discussed and analysed during staff meetings. The quality assurance team held weekly clinical review meetings with the clinical staff. This enabled staff to reflect and identify any learning. This had resulted in improvements being identified and implemented immediately. For example, it had recently been identified that clinical staff had not always been documenting their rationale for the clinical judgements made. This had been picked up by the quality team and addressed promptly with the clinical staff.
- The registered manager had processes in place to ensure team meeting minutes were provided to each individual staff member.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The feedback we received from people and their family members was positive, expressing confidence in management, leadership and care delivery. Comments included, "It is a good home. I am pleased my mum is there", "In my experience I think their care for residents is excellent", "The care staff appear very competent", "An excellent establishment that we are pleased our mother is a resident" and "They (care staff) appear to be very well trained and attentive."
- Staff had access to policies and procedures which encouraged an open and transparent approach. Information on safeguarding and equality and diversity was easily available. Staff consistently told us about the electronic system the provider had in place which enabled them to immediately access all policies, procedures and information relevant to their roles and responsibilities. Staff confirmed they could all access this system as and when they needed to and would share relevant information and updates with each other. One staff member told us, "You can always learn something new and it is important not only to learn but to share learning, that's what I enjoy so much at Marie Louise House, the connections within the team that allow continual facilitation of learning."
- The registered manager promoted an inclusive, value based and positive culture. They were committed to developing and valuing staff. For example, the clinical lead told us how they were now cascading catheter care training aimed at clinical staff to non-clinical care staff to complete to support their understanding of catheter care and the importance of their role in the catheter care alongside the clinical staff.
- Staff were encouraged to make suggestions and confirmed they felt listened to. Staff told us, "Suggestions for improvement are welcomed and actioned as the manager clearly appreciates advice and help from everyone", "I can make suggestions to improve the workplace" and "The manager and deputy have an open door policy to discuss anything ... We are always listened to and made to feel appreciated and part of a team."
- People and relatives were positive about the registered manager. Their comments included, "Since [registered manager's name] joined as manager of the home she has been firm in addressing any issues and following up on staff behaviour and for this I am most grateful" and "She is very approachable and returns enquiries promptly, we have a lot of faith in her."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 service was well-led by a management team whose passion and drive to deliver a good service and lead by example, was evident. Staff were involved in the running of the home and were asked for ideas.
- The feedback about the registered manager and clinical lead was positive. Staff comments included "The registered manager is brilliant, very encouraging and has given me confidence", "Registered manager is very fair", "The management team have improved morale and staff feel supported and feel able to ask for help and guidance if they don't understand something" and "They (clinical lead) are good at giving insights if I have missed something and helping professional development through supervision."
- The registered manager and clinical lead told us they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. The registered manager participated in local forums, to learn from others and share good practice.
- Statutory notifications to CQC had been received following any notifiable events at the service. Notifications submitted to us demonstrated relevant external organisations were informed of incidents and accidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, and those important to them, worked with the management team and staff to develop and improve the service. The provider sought feedback from people and those important to them and used the feedback to develop the service. One staff member told us, "We have bi-monthly residents' meetings with the management and listen to their suggestions. The manager and residents discuss various issues, such as sustainability and what we can do to protect the environment, how we can get more involved in the local community. Residents get a copy of what was said at the meeting so they can get progress reports on what we have said, and they have asked for."
- Relatives told us they were kept updated and involved in their family member's care. Relatives confirmed they had been invited to be involved in reviews and were notified by the home of any changes or incidents which affected their family member. One relative confirmed to us they had attended meetings via video calling. Other relatives told us, "We are always involved ... they always keep us up to date", "I have found communication to be good" and "I am invited to view, comment and contribute to the care plan review at regular intervals."
- Relatives told us they were invited to relatives' meetings and had opportunities to feedback about the service. One relative told us, "Although I didn't personally make suggestions, meeting minutes which I received showed changes happened."
- Staff felt respected, supported and valued. The provider promoted equality and diversity in its work. Staff felt able to raise concerns without fear of retribution. One staff member told us, "I feel I have good support from managers, peers and colleagues, always having discussions about aspects of care". Another staff member told us, "I would feel able to highlight poor practice in this setting should it ever arise."
- Staff told us they were involved in developing the service and felt listened to. Staff shared examples of suggestions they had made which had been incorporated into the running of the service. One staff member told us, "Management seems very open to discuss and implement change as required."
- There were a number of systems and processes in place for monitoring the quality of care and to plan improvements. Where issues were identified remedial action was taken. The provider had identified improvements they were working on at the time of the inspection.
- The management team were open and honest about the challenges the service had experienced, both in relation to changing the culture of the service, and the impact of COVID-19. They told us how they had worked alongside staff to embed good practice, a positive culture and person-centred approaches. One staff member told us, "The one that particularly resonates with me is the desire for residents to feel that they are at home rather than in 'care'" and "There seems to be a common purpose here, everyone pulls in the same direction and change is seen as improvement."

Working in partnership with others

- The service had developed links with external agencies ensuring successful partnership working, such as with the local authority and the local GP surgeries. For example, the home worked closely with their local GP surgery resulting in regular visits from the GP promoting consistency and better health outcomes for people. One relative told us, "There have been occasions when dad has needed paramedics or a GP consultation out of hours and I have always been phoned and included in decision making. I have been particularly impressed by this."