

M & M Care Limited

The Old Rectory

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Old Rectory is a residential care home providing personal and nursing care to 17 people aged 65 and over at the time of the inspection. The service can support up to 24 people. The care home is set over two floors with communal lounges and dining areas.

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

There was a lack of clear and consistent quality assurance systems and processes in place, which meant there was gaps in quality monitoring.

Where quality audits had taken place, these identified areas of improvement. However, some action was not taken to address shortfalls in a timely way. For example, there had been delays in ensuring updates to the environment were completed.

There were areas of the environment which required urgent attention and posed a risk to infection control. We discussed this with the provider who submitted an action plan to resolve these concerns.

There were enough staff to meet the needs of people and they knew them well. The provider recruited staff safely. People received their prescribed medicines. Staff understood their responsibilities to keep people safe. Risks associated with people's care had been identified and mitigated.

People and relatives spoke highly of both the staff and management team. The service worked in partnership with others to promote better outcomes for people.

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 11 December 2018).

Why we inspected

The inspection was prompted in part due to concerns received about medicines and culture. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe section of this full report. However, have found evidence that the provider needs to make improvements regarding governance. Please see the Well-led section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Old Rectory on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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?

The service was safe.

Details are in our safe section below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Old Rectory

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 Care Act 2014.

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

The inspection was carried out by one inspector.

Service and service type

The Old Rectory 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

We gave the service 48 hours' notice of this inspection to ensure risks were reduced relating to COVID-19.

What we did before the inspection

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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We requested information regarding the service and began to review this. We

used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, head of care, senior care workers, care workers and the head of compliance.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- There were parts of the service which required immediate attention. Communal bathrooms and toilets had multiple areas of damage and the laundry room was in a poor state of repair. We discussed our concerns with the provider who was aware of these and had a plan to rectify these areas. This is covered in the Well-led section of the report.
- The service had not experienced an outbreak of COVID-19 or any other infection. Staff continued to follow measures in place to reduce the risk of infections. There was a plan which could be utilised, if required, to handle infected laundry.
- Staff received infection control training and were observed wearing Personal Protective Equipment (PPE) in line with the national guidance. Staff made efforts to maintain social distancing where possible.
- Staff and people took part in a regular testing programme which included; staff conducting weekly routine testing and twice weekly Lateral Flow Tests (LFTs). People were supported to take a COVID test every 28 days in line with current government guidance and requirements.
- The provider was following the national government COVID-19 guidance relating to visits. In the entrance, an extension had been built so visitors could wash their hands, have their temperature and observations taken, complete a health screen and acquire PPE. Different entrances were used depending on which part of the building the person who was receiving a visit was residing in.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and understood their responsibilities to keep people safe. Staff told us where they would report concerns and how they would escalate them to the local authority if required.
- People and relatives told us they felt the service was safe. One relative commented, "Oh yes, [Name of relative] is definitely safe there, no doubt about it."
- Safeguarding concerns had been reported and investigated.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with people's needs had been identified and mitigated. For example, one person required the use of an aid to support them with continence management. There was information available to staff on how they could reduce the risk of bladder infections.
- Where people had experienced falls, assistive technology was in place to enable staff to support people to mobilise in a timely way.
- Following accidents and incidents in the service, positive actions were recorded and implemented relating to learning lessons and reducing the risk of re-occurrences.

Staffing and recruitment

- The provider continued to recruit staff safely. This included carrying out pre-employment checks, obtaining references and a criminal record check. This was to ensure staff were suitable to work with people living in the service.
- There were enough staff to meet people's needs in line with the providers staffing tool. We received mixed feedback regarding staffing levels from both staff and relatives, who told us sometimes they could do with extra support. During the inspection, we observed staff supporting people well.

Using medicines safely

- People received their prescribed medicines by trained and competent staff. One person said, "Yes, staff help me with my medicines."
- Where people were prescribed 'as needed' medicines, there was guidance available for staff which described the circumstances of administration.
- Stock counts were completed following every administration of medicines. Medicines which were required to be stored in a separate and more secure area, known as controlled medicines, were checked and counted at the end of each shift. This was to identify potential errors in a timely way.
- People's personal information, such as allergies were up to date and reflected on medicine records. People had care plans which stated how staff can support them with their medicines safely and in line with their preferences.

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 good. At this inspection this key question has now deteriorated 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; Continuous learning and improving care; 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

- There was a lack of a clear, consistent quality assurance system and process in place. There were gaps where no audits had been conducted. The provider did not have a policy in place describing auditing responsibilities and contingency plans if the responsible person was not at work. However, the provider implemented a policy relating to this, following the inspection.
- There were areas of the service, which included communal bathrooms, toilets and the laundry which were in a poor state of repair. These areas posed a risk of infection as they could not be cleaned effectively. The provider was aware of works needed and told us they had been delayed due to COVID-19 priorities.
- We met with the provider following our inspection and they immediately put an action plan in place to repair the environment. This including having a brand-new laundry fitted which is due to be completed by the end of the month.
- The registered manager notified the Commission of events which had took place in the service. For example, injuries.

We recommend the provider maintains continual oversight of the quality assurance policy and processes implemented following our inspection. This includes ensuring actions are taken in a timely way where shortfalls are identified.

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

- People were supported by staff who knew them well. One person told us, "When I came here, I was scared and worried. I like doing jigsaw puzzles. [Name of staff member] went beyond their duties to get me a variety of jigsaws to keep me going. This was a lifeline during a difficult time."
- Relatives spoke highly of the registered manager and staff. One relative said, "[Name of registered manager] is brilliant, they are so helpful, I can't praise them enough." Another relative commented, "The staff are really good and caring, they really are second to none."
- Staff told us they felt supported by the management team. One staff member told us, "[Name of registered manager], [Name of head of care] and [Name of Head of Compliance] are so great. They support the staff

and really care about the residents."

- The registered manager and staff spoke proudly about how they supported people and promoted nutrition and hydration. They had introduced a nutrition station which meant people had access to regular drinks and snacks.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff received regular supervision and told us they received training. This included an opportunity to complete nationally recognised qualifications.
- During COVID-19 access to relationships in the community had been limited. However, the service became 'pen pals' with another local care home and a local horses charity.
- People were encouraged to participate in activities which they enjoyed. The registered manager told us that the activity co-ordinator carried out more frequent one to one activities due to the needs of people using the service.

Working in partnership with others

- The service worked in partnership with others to promote better outcomes of care for people. For example, District Nurses, GP's and Speech and Language Therapists (SALT).
- The management team worked closely with hospital trusted assessors. This was to ensure where people required a care placement, the service could be sure people's needs could be met.