

St. Catherine's Care Homes Limited

Monson Retirement Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Monson Retirement Home is a residential care home providing accommodation and personal care for up to 50 older people, including people living with dementia. At the time of our inspection, there were 16 people living at the service.

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

People's prescribed medicines were not consistently stored, administered, or managed safely. This put people at potential risk of harm.

A registered manager was not in place and the provider's senior management team, had day to day responsibility of the service. A new deputy and manager had been recruited and were due to commence.

The provider had and continued to experience, staff recruitment and agency staff difficulties. The provider had taken all reasonable action to address these issues and some improvements had been made. Whilst the provider used a dependency tool to assess staffing requirements, concerns were identified with the safe staffing levels the provided had risk assessed for. The provider agreed to ensure the optimum staffing levels they had assessed as required were consistently met. Following the inspection, the provider submitted staff rotas to confirm this.

The provider had safe staff recruitment checks and staff received ongoing training and support.

Risks associated with people's care needs had been assessed and were regularly monitored. A new electronic care record system was being introduced and people's care plans and risk assessments were all being reviewed. A sample of the new care records were found to be more detailed and person centred. The provider had a short time scale to complete these reviews.

The provider had systems and processes that regularly monitored the health and safety of the premises, equipment, and the environment. Fire safety remedial action had been completed and some refurbishment and redecoration work had been completed since the last inspection and this was ongoing. Incidents were analysed for themes, patterns, and any lessons to reduce further risks.

Infection prevention and control measures overall followed best practice guidance. Some practice issues were identified in how soiled laundry and mop heads were managed. The provider took action to address this.

People who used the service, relatives and a visiting professional were overall complimentary about the approach of staff, who they described as being kind, caring and attentive. Concerns were raised about changes within the management team and people were looking forward to having a stable and effective management team.

The providers senior leadership team had day to day responsibility and development for the service. There

was ongoing oversight with clear roles, responsibilities, and accountability. However, this needed to be improved upon within the staff team, to ensure the provider's policies and procedures were consistently followed.

The provider had used and improved, systems and processes that monitored the safety and quality of the service. A robust improvement plan was in place that reflected the shortfalls identified during this inspection.

People, relatives and staff received opportunities to share their experience and feedback about the service. The provider took positive action in response to feedback received to make improvements.

Staff had developed positive partnerships with external health and social care professionals to support people to achieve positive outcomes.

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 September 2020).

Why we inspected

We received concerns in relation to staffing levels. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

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.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

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

Enforcement

We have identified a breach in relation to the management of people's medicine at this inspection.

Please see the action we have told the provider to take at the end of this report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Monson Retirement 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 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

Two inspectors completed a site visit. An Expert by Experience made telephone calls to relatives to seek their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Monson Retirement 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 did not have a manager registered with the Care Quality Commission. A new manager had been recruited and was due to commence in January 2022. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This was an unannounced inspection.

What we did before the inspection

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 reviewed information

we had received about the service since the last inspection. We sought feedback from the local authority and a range of external professional who work with the service. We used all of this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with two people about their experience of living at the service. We spoke with two peripatetic managers, two senior care staff (day and night), two care staff, an agency cook, the senior housekeeper and a housekeeper. We also spoke to a visiting community nurse.

We reviewed a range of records. This included in part, six people's care records and multiple medication records. We looked at three staff files in relation to recruitment. We looked at a variety of records relating to the management of the service, including audits, checks and incident analysis.

After the inspection

Following the inspection site visit, the Expert by Experience contacted relatives by telephone and spoke with six people. Staff were contacted and invited to provide feedback about working at the service. We received three responses from care staff. We continued to seek clarification from the provider to validate evidence found. This included but was not limited to the provider's training data, policies, procedures, and meeting 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 inspection the rating has deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not stored safely. Some people were living with dementia and this put them at greater risk of ingesting hazardous items. Topical creams were found accessible in people's bedrooms. The medicine trolley was observed to be unlocked and unattended. This meant medicines could be accessed by unauthorised people and presented a risk to people using the service.
- Medicines were not consistently administered safely or as required. Medication administration records (MAR) for prescribed topical creams showed multiple gaps. A person's MAR did not accurately reflect their allergies to specific medicine's. A person required their pulse being taken before their medicines to ensure it was safe to administer. Records showed this check had not been completed prior to administration for four consecutive days. These examples showed people were at greater risk of receiving unsafe care.
- Handwritten MAR's did not consistently have two signatures to ensure accuracy of transcription. This put people at greater risk of receiving incorrect medicines.

This was a breach of regulation 12 (g) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The storage, administration, and management of medicine was not consistently safe.

- The provider's internal processes had identified improvements were required with medicines management. Action had been taken and was ongoing into the improvements required. This included staff refresher training and new and improved systems and processes, used to monitor and review medicines management.

Assessing risk, safety monitoring and management

- Incident management needed improvement. A person had fallen during the night, but staff had not followed the provider's falls management procedure. Neither had communication systems been used effectively. Immediate action was taken to address this, the person had not experienced any injuries.
- Guidance for staff of how to manage and mitigate known risks varied in the level of detail provided. Staff were knowledgeable about people's needs. The provider was aware improvements were required and a new electronic care record system was being introduced. All care plans and risk assessments were being reviewed. A sample of newly completed care documents were found to be more detailed and reflective of people's needs.
- Checks were completed on the premises, equipment and environment for health and safety, including fire risks and the risk of legionella. Since the last inspection, improvements had been made to the decoration and furnishings to parts of the building. Fire safety remedial actions had also been completed.

Staffing and recruitment

- Staffing levels had been impacted upon by difficulties experienced with ongoing staff recruitment. A person told us, "There are good days and bad days with staffing. Sometimes I have to wait for assistance, but I don't feel unsafe." Relatives were unable to make a judgment about staffing levels, but overall felt their loved ones received the care they needed.
- Staff raised concerns about staffing levels and the impact of ongoing staff vacancies. Whilst the numbers of people at the service was low, people's care needs were increasing.
- The provider used a dependency tool to assess what staffing levels were required. Whilst this considered people's individual care needs and the layout of the building, we were not assured the provider's minimum safe staff levels were sufficient. Agency staff were used to cover staff shortfalls and the management team also covered care shifts when required.
- Following the inspection, the provider forwarded the staff rota for the next two months that confirmed improvements had been made to staffing levels. New staff had been appointed and recruitment was ongoing, agency staff had been booked to cover shortfalls. Staff received ongoing training and supervision to support them in their role.
- Safe recruitment processes were used to ensure only staff suitable for their role were employed at the service. For example, obtaining references from previous employers, making checks on the person's identity, and completing a Disclosure and Barring Service (DBS) check. The DBS would show if a member of was unsafe to work with or had been barred from working with vulnerable adults.

Preventing and controlling infection

- We were not fully assured that the provider was promoting safety through some of the hygiene practices of the premises. This was in relation to managing soiled laundry and mop heads. We raised this with the management team who agreed to take immediate action to make improvements.
- People's Individual COVID-19 risk assessments were not sufficiently detailed. During the inspection these were improved upon.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- People were protected as far as possible from abuse and avoidable harm. A person told us they felt safe living at the service. Relatives reported they had no concerns about safety. A relative said, "Yes I do feel [relation] is safe, there seems to be the right things in place."
- Staff knew how to recognise and protect people from the risk of abuse. A staff member said, "Staff protect residents right to live in safety, free from abuse and neglect. If there's something going wrong, I will report it to the manager and document the situation."
- Staff had received safeguarding training and access to the provider's policies and procedures. Information was displayed about how to report any safeguarding concerns, this was also available in easy read.

Learning lessons when things go wrong

- The management team had systems in place to review, monitor and analyse all incidents. This enabled them to identify any themes and patterns and action was taken to reduce further risks. This included making referrals to external health care professionals for guidance and support. Lessons learnt were discussed with staff to reduce reoccurrence.

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 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

- New and improved systems and processes to monitor the safety and quality of the service had either recently been implemented or plans were in place to make improvements. However, medicines management remained a concern and put people at risk of harm.
- We were not fully assured at this inspection, of the effectiveness of the changes made or being made to audits and checks. Further time was required for these to become fully embedded and sustained.
- Relatives told us the change in the management team had been unsettling and they were hopeful improvements would be made.
- The provider spoke of their difficulties, actions and decisions they had taken with the leadership of the service. Currently the service does not have a registered manager. However, a new management team consisting of a deputy and manager had been appointed and were due to commence. The service was currently managed by two experienced peripatetic (acting) managers, with oversight and support from the operations manager, quality and compliance manager and chief executive officer for the organisation.
- Staff roles, responsibilities and accountability were areas identified that required further improvement. This was in relation to staff following the provider's policies and procedures in relation to falls management and information sharing. Structured staff meetings were also areas that needed improving upon. The provider's internal audits and checks had already identified these shortfalls and action was being taken to make improvements.
- The provider had a number of different staff vacancies and had taken all reasonable action to recruit to these. Whilst some new staff were due to start, recruitment was ongoing. The provider had also experienced difficulties with using agency staff, and action had been taken to book in advance agency staff to ensure consistency and continuity of care.

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

- People were supported with their routines and their preferences of how they received their care and what was important to them. A person told us how they had been involved in the recruitment of the new manager. Another person who was being cared for in bed, stated they were well looked after and how staff were attentive and frequently checked on them.
- Relatives were positive their loved one received care that was individual to them. A relative said, "If [Relation] needs a cup of tea or wants to go for a cigarette in the middle of the night this is not a problem."

Positive comments were received about the approach of staff. Comments included, "All I know is that [relation] is really happy there." "[Relation] loves it there, they say that staff are wonderful." "Carers go the extra mile and are very and helpful."

- Activity staff were being recruited and in the interim, care staff were required to provide activities. Care staff told us they tried to provide a group activity daily. We observed staff supporting people to participate in seating exercises and singing.

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 provider had a complaints procedure and this information had been made available to people, relatives, and visitors. Relatives told us they were informed of anything they needed to know about their relation.
- The provider had identified some improvements were required in how concerns or complaints were responded. This was recorded in the overall improvement plan for the service.
- A person who used the service told us they felt confident to raise any concerns and when they had done so, action had been taken to make improvements. Relatives told us they spoke directly with the care staff if they had any concerns, and overall were positive about the care provided.

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

- The provider's quality assurance procedures invited people, relatives, and staff annually to share their experience and feedback about the service.
- Feedback received in 2021 had been received, analysed, and responded to. Examples of action taken to make improvements included, the development of a newsletter for people and relatives to improve communication and contact details for senior managers were provided. An employee forum discussion had also been introduced to improve communication. This demonstrates the provider's commitment in wanting to continually improve the service.
- Relative resident meetings had been happening remotely during 2021 and plans were in place for these to continue. Relatives reported they had found these useful.

Working in partnership with others

- Partnership working was effective in supporting people to achieve positive outcomes. A visiting community nurse spoke positively about the competency and knowledge of senior care staff. They reported they found staff to be caring and attentive towards people and there was consistently a positive atmosphere at the service.
- Care records confirmed referrals to external health care professionals were made when required, and recommendations were implemented.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Failure to effectively and safely store, administer and manage medicines, put people at increased risk of harm. Reg 12 (2) (g)