Margaret Court Limited

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Inspection report

Main Street
Tiddington
Stratford Upon Avon
Warwickshire
CV37 7AY

Date of inspection visit:
21 September 2021

Date of publication:
18 October 2021

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service

Margaret Court is registered to provide personal care to older people. Care and support was provided to people at prearranged times in a specialist 'independent living' service. Margaret Court consists of 44 apartments and six bungalows. People living at Margaret Court own their own home and share on site communal facilities such as a passenger lift, lounges, dining room and the use of an onsite restaurant.

This provider is based at Margaret Court and provides emergency support to everyone living there. Planned day to day personal care can be provided by staff based at this site or from other agencies who provide personal care and support packages. Not everyone living at Margaret Court receives regulated personal care. At the time of this inspection visit, Margaret Court staff supported four people, so we only looked at the care and support for those four people receiving personal care from this provider.

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

Systems to learn lessons when things went wrong continued to need improvements.
Audits or checks we would expect to be completed for this type of service, such as medicines, care call logs, daily record checks were not always completed or completed regularly. The systems were not effective and in addition, there was no oversight when checks were delegated to others. There was no evidence the provider undertook any quality assurance checks. The provider had not shared important learnt lessons from other inspections where shortfalls had been identified. At this inspection, similar issues around a lack of effective systems remained as found at the last two inspections.

People's plans of care guided staff to provide safe care. Staff's knowledge of how to support people was consistent with what people told us. However, people's risk assessments required more information to help staff provide consistent support to manage those identified risks. The registered manager assured us this would be addressed. Conversations with staff showed they knew how to manage risk. In some examples, intervention by a GP or occupational therapist had been sought to help keep people safe.

People were complimentary about the service they received. Staff and the provider knew how to keep people safe and protected from abusive practice.

People said staff were kind, caring, gentle and in the majority of cases, always willing to do what was needed. People were cared for by staff who attended training relevant to their roles.

Staff followed infection control procedures in line with national guidance for reducing the spread of COVID-19 when supporting people with personal care.

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.

Staff training was completed and staff said the training they had, helped them to support people.

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 Good (published 13 September 2019)

Why we inspected
We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

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 COVID19 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 good governance.
Please see the action we have told the provider to take at the end of this report.

Follow up
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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Margaret Court Limited

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. We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

Inspection team
The inspection was carried out by one inspector who visited Margaret Court on the 21 September 2021.

Service and service type
This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at the personal care provided.

The service had a registered manager. This means the registered manager 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. Prior to entering the building, we spoke with the registered manager because of the risks associated with COVID-19. This meant we could discuss how to ensure everyone remained safe during the inspection.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. 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 checked for feedback on the Healthwatch website. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection
We spoke with two people who received a service to get their experiences about the quality of service. We spoke with one member of care staff and two duty managers. In the report unless specified, we refer to them as staff. We also spoke with the registered manager and a business development manager. We reviewed a range of records. This included examples of three people's care records and examples of medication records. We also looked at two staff recruitment files and records that related to the management and quality assurance of the service, especially around managing risk and care call timings.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

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 deteriorated to requires improvement. This meant people were not always safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

● At the last inspection we found risks associated with people's care had not been addressed and staff's knowledge was inconsistent.

● At this inspection, we found risks were assessed and included in people's plans of care, however further information was required. For example, one person was at risk of falling, but the only staff guidance in the person's risk assessment was to remind them to use a mobility aid. Staff were able to tell us in more detail, why the person fell and what they did to reduce the risk. Other people's risk assessments also lacked important information about how to keep them safe. The registered manager agreed to review those risk assessments, so they contained explanations of the control measures for staff to follow consistently to keep people safe.

Learning lessons when things go wrong

● Accidents or incidents that took place in the home were not always recorded and reviewed and action taken to ensure people remained safe.

● We found the recording of some lessons learned and actions to minimise future risks needed to improve. For example, where people had fallen, there was limited information in the person's care records or falls audits to show what had happened or the number of times this had happened. The lack of oversight and learning from incidents had potential to put people at unnecessary risk.

● The culture of learning needs further improvement across the organisation to learn from other inspections of their homes, especially where similar issues had been identified and shared with the provider.

Preventing and controlling infection

● People said staff wore personal protective equipment when they were supported with personal care.

● People took responsibility for cleaning their own home, however people we spoke with also had staff supporting them with additional domestic duties. Staff and the registered manager said personal protective equipment (face mask) was not always worn. Staff told us this was at the request of the person and in some cases, the person was not in the home. There was no formal risk assessment of this.

● The registered manager said they followed government guidance. However, whilst we were told face masks were always worn during personal care, we recommended to the registered manager they reviewed the government's guidance around staff wearing face masks when undertaking domestic duties. This will help ensure, people remained safe during the pandemic.

Staffing and recruitment

● Staff were recruited safely. Employment checks included staff's previous employment and checks with the

criminal record system, helped ensure staff were of suitable character to support people.
● We received mixed feedback about staffing. One person told us they had no issues with staffing, whilst another person said staff did not always staff or ask, if there was anything else required and left earlier than planned. For one person, we showed care call records to the registered manager that confirmed staff did not stay for the agreed duration of care calls. The registered manager agreed to follow this up to ensure staff stayed for the required time.
● Staff felt at times, especially mornings, there was added pressure to get to people at the required times, or when staff had to cover unplanned sickness.
● The registered manager said staffing levels were determined from knowing people's needs and they were confident, there were enough staff. However there was no formal dependency tools used to demonstrate and assess, current staffing levels met people's needs.
● We found staffing levels during our visit, did not negatively impact on people. However we discussed with the registered manager, they should regularly review staffing levels to ensure people's needs were met and call times were followed. They agreed to do this.

Using medicines safely
● In most cases, the person or their family member administered any prescribed medicines and they were not reliant on staff support.
● An improvement since the last inspection was the introduction of body maps to record topical creams.
● Staff had been trained in administering medicines, however they had not been assessed as competent. We discussed this with the registered manager to ensure this was completed so staff practices followed their training.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe. One person said, "The staff are excellent, there is not one staff member who I do not want." People said whenever staff were in their own home, they felt safe.
● Staff received safeguarding training and told us they were confident identifying and reporting safeguarding concerns to senior staff members or management.
● The registered manager understood their responsibility to report safeguarding incidents to the local authority and us, the CQC.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this was rated as good. At this inspection, the rating has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance, assessing people's needs and choices; delivering care in line with standards, guidance and the law
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed.
When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority from the Court of Protection.
- Everyone receiving a regulated activity had their own home and were not restricted in how they lived their lives.
- People had capacity to consent and chose how their care was provided to them.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- People were able to make their own choices to seek health professional support.
- The registered manager told us they supported people if required, to access health support such as occupational therapists, GP's and district nurses. In some cases, urgent healthcare had been arranged in an emergency situation.

Staff support: induction, training, skills and experience
- Newly recruited staff had an induction, supervision and spot checks of their practice.
- Staff training had continued during the COVID-19 pandemic. The registered manager had recently been arranging more face to face training because staff told them they responded better to this type of training.
- The registered manager monitored and refreshed staff training at the relevant intervals.

Supporting people to eat and drink enough to maintain a balanced diet
- People said staff prepared some meals for them in their own home, usually breakfast and provided them with drinks. Most people were independent so could get their own meals and drinks when needed.
- People we spoke with visited the communal dining room and enjoyed their meals in the company of others. People were able to choose what they wanted to eat and drink.
- Staff supported people to eat and drink in line with personal preferences.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People said they were involved in their care choices, what they wanted to do and where they wanted to go. Two people told us they enjoyed the independent living, having their own home whilst being part of a community.
- Both people we spoke with enjoyed living at the service because it was their own home and they were able to influence how they lived. One person said, "I can do what I want, when I want." People said they had not been involved in any care reviews; however, they were not concerned about this. One person said, "I don't think I want to look at my file but it's there if I need it."

Respecting and promoting people's privacy, dignity and independence

- People we spoke with said staff respected their privacy, dignity and personal choices and they felt comfortable and at ease, when staff supported them.
- People said staff were very kind. One person said, "It can't be easy looking after all of us but they (staff) still keep their nice demeanour up." Another person said about the staff, "They are wonderful."
- Staff explained how they respected people's privacy. This included knocking on people's doors before entering and covering people as much as possible when providing personal care. People confirmed this.
- People's comments showed they were encouraged to be as independent as possible. One person said they washed themselves but needed help to reach certain parts of their body. This person said, "The more I do the more (staff) let me." Both people said, when staff provided personal care, staff respected their dignity and privacy.

Ensuring people are well treated and supported; respecting equality and diversity

- People's needs were assessed before the regulated activity of personal care, was provided to them. Those assessments included people's care and support needs, previous life experiences and personal lifestyle choices. This ensured people's needs could be met and protected characteristics under the Equality Act 2010 were considered.
- People's care plans recorded whether people preferred a male or female care staff member. However, there were no male care staff to support people. We asked people how they felt about this. Two people told us they wanted female staff and were pleased their choice was respected. We discussed this with the registered manager. They said, if people preferred male staff and they could not support this, the care package would not be taken.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had individual care plans which contained information for staff to get to know the person. Information about what was required at each care call, guided staff in what to do for the person. All four people who received personal care, required minimal support.
- People said staff supported them as required, however the care records did not always accurately reflect, the person's support needs. For example, falls histories were not always recorded and falls risk assessments were not detailed enough, for staff to manage the risk.
- From speaking with staff, they knew what to do to meet people's needs. Staff said information about how people had been and any health needs to look out for, were not always communicated well, especially if staff had been off duty for a period of time. We discussed this with the registered manager who agreed to improve this.
- Care plans were reviewed yearly, but if people's needs changed, care records were updated to ensure the right care was provided.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care records recorded people's impairment to their senses, such as if the person needed to wear glasses or a hearing aid.
- Where people had restricted vision or a hearing impairment, this was recorded in the person's care records and staff knew they had to do, such as to guide, instruct or to speak up and clearly.
- Both people we spoke with were satisfied they were communicated with in a way that met their needs.

Improving care quality in response to complaints or concerns

- No one we spoke with had raised any concerns or complaints. People knew what to do to raise any concerns. People felt if they did, they would be listened to.

Requires Improvement

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 has been rated requires improvement. At the inspection, the rating has remained the same. 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; 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;

- Previous CQC inspections completed in 2018 and 2019 identified areas for improvement. This included implementing and embedding an effective system of audit and checks with robust oversight from the provider.
- At this inspection, we found similar concerns remained.
- We asked the registered manager for copies of completed audits and quality assurance records to show us how their checks assured them, people received a good service. We were not presented with any recent checks or audits.
- Provider audits or quality assurance checks had not been completed. The registered manager told us the regional manager had not undertaken checks, so the provider was not always sure, improvements had been identified or actions taken.
- Audits or checks we would expect to be completed for this type of service, such as medicines, care call logs and daily record checks were not always completed or completed regularly. Where checks were made, these were recorded in people's individual care records. Some of these monthly checks had not been completed since May 2021. In one person's records, there were no recorded checks of this nature. The providers limited and inconsistent quality assurance did not enable them to assess the overall quality of people's care or trends in quality concerns.
- For example, we found one person had fallen four times, yet their individual falls record only recorded two incidents. Falls reports for two other people were blank, yet both people had previously fallen. This information had not been evaluated to form a new or updated falls risk assessment for those people, nor had the provider identified any patterns or trends. This would be difficult because the information was not consistently recorded. This meant people were not always protected from potential harm.
- Systems to monitor care calls was not always effective. We were told about and saw one example where care calls had repeatedly been for less time than what the person had been assessed for and what they told us. This had not been identified.
- Medicines audits were not always completed. In one example, we saw a medicines administration record marked as correct, yet the person had medicines on an as and when basis which the record did not reflect. The registered manager told us deputy managers were responsible for undertaking medicines competency checks on staff who administered medicines. The registered manager said these had not been completed because there was no paperwork to record them.
- No action or system was in place to ensure staff were competent to administer medicines safely, in line

with their training.
● Care plans and people's risk assessments were completed by care staff and checked by duty managers. The registered manager said duty managers were responsible, yet there was no check or oversight by the registered manager or provider, to ensure those staff met their responsibilities. When we showed examples of incorrect care information to the registered manager, they said, "They (duty managers) are not doing their checks." The registered manager said other work responsibilities and pressures had taken them away from overseeing the quality checks.

We found systems were either not in place or robust enough to demonstrate the provider's quality assurance systems were effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● We received mixed feedback about the quality of shift handovers. One staff member said they were not always detailed and were not always aware if a person's health had changed. Another staff member felt handovers were informative. One staff member told us it differed because the level of information given by different managers was not consistent.
● Duty managers did not always have enough time to complete their checks. This was because they supported over 40 other people living at Margaret Court who did not receive a regulated activity, such as issues with their property or assisting them in an emergency. One duty manager said, "In emergencies, we prioritise those and the paperwork (for personal care) goes out the window." Again, through a lack of oversight, those uncompleted checks went unnoticed and unreported.

Working in partnership with others; Continuous learning and improving care
● One of the provider's other CQC registered locations was inspected by us in June 2021. Similar issues around ineffective governance were found at that location. It was evident there was no learning or sharing of information. The registered manager confirmed there was no information shared with them about those findings and areas identified for improvement.
● Staff told us they worked with other professionals, seeking support to help improve a person's health and welfare. Staff said where required, families were involved so everyone involved knew what outcomes were expected.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People said they were involved in what went on and they felt very happy living at Margaret Court. People said they enjoyed the community feel, even though they had their own apartment or bungalow.
● People told us they were supported in a way that made them feel good and they said they got on well with those who supported them. People said they were treated as an individual and their opinions were respected.

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 displayed their rating at the location, but had not displayed their rating on the Margaret Court website which is their legal requirement to do. However, the business development manager showed us, the report was included on the provider's website. Before we left the visit, the rating for the previous report was included on the location website.
● The registered manager understood their role and responsibility to tell us about notifiable events. During

our visit, the registered manager was honest and told us when certain records were not completed.

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
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems and processes were not operated effectively to assess, monitor and improve the quality and safety of the service.