

Minster Care Management Limited

Saffron House

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

About the service

Saffron House is purpose built and registered to provide personal care and support for up to 48 adults with physical or age-related care needs. The accommodation is provided over two floors, with communal facilities which include lounges and dining rooms. At the time of the inspection the service was supporting 24 people, some of whom were living with dementia.

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

Systems to assess, prevent and manage the risk of infections required improvement. Staff did not consistently follow safe practices in donning and doffing (putting on and taking off) personal protective equipment (PPE). Risks of infection were not mitigated because of a lack of staff awareness and adherence to current guidance, including cleaning and laundry procedures. Records did not identify specific risks for individual people during an outbreak.

Oversight of the service required improvement. Concerns found on inspection had not been identified. The provider did submit an action plan detailing improvements they intended to make following our inspection visit.

People were protected from abuse, systems and processes were in place to identify and report any abuse or harm. Staff were safely recruited and people received their medicines as prescribed.

People's relatives felt their family members' were safe using the service and felt informed and involved in their care and support. Staff strove to maintain effective communications between people and their families. Staff and relatives spoke positively about the registered manager as being open and approachable. The registered manager was committed to improving and developing the service.

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 the service was Good, (published 17 April 2019).

Why we inspected

The inspection was prompted in part due to concerns received about care and support. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. 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 coronavirus and other infection outbreaks effectively.

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

Enforcement

We have identified breaches in relation to regulation 12 infection prevention and control at this inspection. You can see what action we have asked the provider to take at the end of this full report.

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

Follow up

We will 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 not consistently Safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not consistently Well-Led.

Details are in our Well-Led findings below.

Requires Improvement ●

Saffron House

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 two inspectors.

Service and service type

Saffron House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

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 focused our inspection planning on concerns we had received in relation to people's safety, in order to assess if the service was safe and well led.

During the inspection

We spoke with six members of staff including the area manager, the registered manager, the laundry person, a cook, a housekeeper and a senior care staff. We contacted five relatives by telephone who were able to share views about the care and support provided. We were unable to speak with people using the service as they were isolating.

We reviewed a range of records including two staff recruitment files, care records and plans for five people and a variety of records relating to infection prevention and control and monitoring and oversight of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found including staff training and policies and procedures. Following our inspection, the provider sent an action plan detailing the immediate action they had taken in response to our findings.



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 comprehensive inspection for this service we rated this key question as requires improvement. At this inspection, the rating has remained 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.

Preventing and controlling infection

- We were not assured staff were meeting shielding and social distancing rules in line with guidance for care homes to manage infections during COVID-19. The rules themselves relating to safe distance were being complied with, as at the time of our visit, people were isolating in their individual rooms. However, we found doors to people's rooms were left open for significant parts of the day. This increased the risk of infections transmitting across the service.
- We were not assured all staff were using personal protective equipment (PPE) effectively and safely. During our inspection visit we observed two agency staff members on the first floor failed to follow safe infection prevention and control procedures and failed to don correct PPE when providing care and support. One staff member wore only a face mask when entering rooms where people were COVID-19 positive. They failed to wash or sanitise their hands or change PPE when leaving and entering each person's room. Inspectors had to intervene to prevent the second agency staff member entering the room of a person without changing their PPE. Neither agency staff member demonstrated sufficient awareness or understanding of current infection prevention and control guidance and requirements to manage risks associated with infections such as COVID-19.
- We were not assured all staff were sufficiently trained and skilled in managing and preventing risks associated with infections, including donning and doffing of PPE. Training had been provided in infection prevention and control and there were plentiful supplies of PPE. However, agency staff demonstrated a lack of awareness and understanding of current infection prevention and control guidance and requirements to manage risks associated with infections such as COVID-19.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. We observed soiled laundry from people who were confirmed COVID-19 positive stored in red bags in overflowing laundry bins in the same area as clean and dry laundry. There was a strong malodour from this laundry. This presented a significant risk of cross infection, particularly as laundry staff were failing to don appropriate PPE.
- The premises looked clean on our arrival. However, closer inspection found dust and food debris on carpets in communal areas. This evidenced a lack of thorough cleaning to prevent the risk of infections.
- A domestic staff member described how they had to prioritise tasks, such as sanitising high touch points and people's rooms, due to staff shortages. This meant routine deep cleaning of curtains and carpets was not regularly undertaken.
- We were assured that the provider was preventing visitors from catching and spreading infections. People's visitors and health professionals had temperature taken on arrival, completed a health questionnaire were required to wear full PPE.

- Staff undertook weekly testing for COVID-19 in addition to daily lateral flow tests. Agency staff undertook lateral flow tests upon arrival but had not been checked to identify if they undertook additional weekly testing. This is important to ensure robust testing is in place for all staff working in the service.

The failure to properly assess, prevent and control the risk and spread of infections is a breach of Regulation 12 Safe care and treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- Potential risks for people due to self isolating had not been fully assessed. For example, door to rooms where people were COVID-19 positive were left open. We were told this was due to people being at risk from falls and requiring additional monitoring. However, this was not supported by any risk assessment.
- Care plan showed risks for people were assessed, and measures put into place to reduce risk. For example, where people were at known risk of falls, this had been assessed and guidance put in place for staff to follow to reduce known risks.
- Relatives felt staff were responsive to risk and kept them informed of any accidents or incidents, including actions taken.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from abuse. Appropriate notifications had been made to external agencies to ensure any concerns were investigated and timely action taken to keep people safe.
- Staff received training on safeguarding and understood how to recognise and report abuse.
- Relatives told us they felt their family members were safe at Saffron House.

Learning lessons when things go wrong

- Accidents and incidents were documented and recorded. We saw incidents/accidents were responded to by updating people's risk assessments. Any serious incidents resulting in harm to people were escalated to other organisations such as the Local Authority and CQC.
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was clearly recorded, such as referral to specialist agencies.
- Learning from incidents and accidents took place. Specific details and follow up actions by staff to prevent a re-occurrence were clearly documented in most cases. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns.

Using medicines safely

- Medicines were ordered, stored, administered and disposed of safely. Further details were required on protocols where people received their medicines in drinks, referred to as 'covert' medicines. These details are important to ensure all staff are aware of any drinks that are not compatible with the medicine.
- Temperature checks of storage areas were regularly taken to ensure medicines were stored in line with manufacturer guidance. We found irregularities in fridge temperatures and asked staff to ensure thermometers were checked following our visit.
- Staff responsible for the administration of medication received training in the safe handling of medication, and had their competence assessed.

Staffing and recruitment

- Rota's confirmed staffing levels were stable and the staff skill mix appropriate
- New staff were safely recruited. All staff files included key documents such as a full employment history, at least two references and a Disclosure and Barring Service (DBS) check. These checks identify if prospective

staff had a criminal record or were barred from working with children or adults. This ensured only suitable people worked at the service.

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 this key question was rated 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

- Systems and processes to ensure effective oversight of the service required improvement. For example, senior staff had not identified concerns around agency staff failing to follow safe infection prevention and control procedures. The provider had failed to identify agency staff did not undertake robust testing around COVID-19. Audits and checks had not identified cleaning schedules were not being followed, safe laundry procedures were not being adhered to, staff were not doffing and donning PPE safely or appropriately, and areas of the environment were not thoroughly cleaned on a regular basis.
- The registered manager did have in place detailed audits and checks around all areas of the building. These had not been undertaken by other managers during the registered manager's recent absence.

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

- The registered manager had been in post for several years and maintained a visible presence throughout the service in support of people and staff. A staff member said, "[Name of registered manager] is always amazing, always here for you, is a good leader and knows what to do. The past few weeks have been really hard and [registered manager] would listen to ideas and we could share them if we thought something to improve things could work."
- There was a positive culture at the service and the registered manager showed a willingness and desire to continually improve the quality of care provision. Relatives spoke positively about the registered manager, with comments including, "[Name] is very good, approachable and very open about what is happening."

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 registered manager knew their responsibilities under the duty of candour. Throughout the inspection the registered manager was open, honest and responded to issues that we raised. Registered managers have a legal obligation to inform CQC and other professionals for example, the local authority, about significant events that affect their service.

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

- Peoples equality characteristics had been considered. For example, people's faith and cultural needs were explored and recorded during the pre-assessment and any dietary requirements relevant to their beliefs

noted. These considerations were recorded on care plans and were accessible to all staff.

- People, their relatives and staff were kept informed and consulted through a variety of communications.

Continuous learning and improving care; Working in partnership with others

- All staff involved were open and transparent throughout the inspection. Concerns raised during feedback were considered and actions put into place.
- The provider had plans in place for improvements to the environment and service delivery
- We saw referrals were made to external professionals as required and their advice was followed.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to have effective systems to assess, prevent and control the risk of infections.

The enforcement action we took:

Warning notice