

Hollyberry Care Limited

Margaret's Rest Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Margaret's Rest Home is a residential care home providing accommodation and personal care for up to 27 people. The service provides support to older and younger people, people with dementia and people with physical disabilities. At the time of our inspection there were 22 people using the service.

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

Risk assessments and care plans did not always record all the information staff required to ensure safe care was provided. Not all risk assessments were in place and some care plans held conflicting, wrong or missing information within them. We have made a recommendation that the provider reviews and updates all care plans and risk assessments.

Unexplained injuries were not investigated to establish a cause or to identify any mitigating strategies to reduce the risk of reoccurrence.

Medicine management required improving. Records were not consistently kept to evidence why a particular medicine was administered. When staff gave people a higher dosage records did not include their rationale for not giving the lower dosage first.

Support tasks were not always recorded as completed. We found gaps in the records of oral care, support with repositioning, continence care and person hygiene.

Systems and processes to ensure good oversight of the service were not always effective. Audits completed did not identify the concerns found on inspection.

People, staff and relatives felt able to discuss and raise any concerns with the registered manager. Complaints had been dealt with effectivity and within the provider's time frames.

Staff were recruited safely and completed an induction and shadow shifts before working alone. Staff had mixed views about the effectiveness of the training provided. Staffing levels were sufficient during the site visit.

The provider followed government guidance on COVID-19, visitors, testing and procedures.

People were supported to access health professional as required. The service had a GP who completed weekly visits and referrals were made to professionals as needed.

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.

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 21 September 2021) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found not enough improvements had been made and the provider was still in breach of regulations.

Why we inspected

We received concerns in relation to oversight, risk management and dignity. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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.

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 not changed from requires improvement based on the findings of this inspection.

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

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 COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to oversight of the service, medicine management and risk management at this inspection. We issued a warning notice in relation to the oversight of the service, which required the provider must make improvements to meet the regulation.

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

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Margaret's Rest 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 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 completed by two inspectors.

Service and service type

Margaret's Rest 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. Margaret's Rest Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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 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 used all this information to plan our inspection.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, deputy manager and care workers.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three 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.



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 for this key question 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.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People were at increased risk of abuse. When people had an unexplained injury, investigations to establish what may have caused these injuries had not always been completed. Mitigating strategies were not implemented to reduce the risks of harm occurring again.
- Records of people's injuries did not always contain sufficient details for staff to continually assess their healing. For example, records did not include the shape, size or colour of bruises. There was no follow up information recorded to identify if an injury had healed or required additional healthcare support. This put people at risk of harm from unmanaged injuries.
- Risk assessments and mitigating strategies were not always in place. For example, when people were unable to use a call bell, there were no risk assessments completed and mitigating strategies such as regular checks were not recorded to evidence the person was safe. When people showed anxiety or confusion in behaviour, the mitigating strategies did not include what the behaviour looked like, what key phrases or words could help reduce the person's confusion or anxiety or what staff should do to protect themselves, other people and the person.
- People were at risk of not receiving medicines as prescribed. Reasons for why the highest dose of 'as required' [PRN] medicines were given, had not been consistently recorded, we found no records to evidence the why a lower dose had not been considered as a first response. For example, we found one person had been administered the highest dose of medicine used to reduce anxiety on 16 occasions with no reason or rationale recorded. This put people at potential risk of receiving more medication than required.
- When people required 'as required' (PRN) medicines, staff had not recorded the reason for administering the medicine. This meant any health professional assessing the person's use of the PRN medicine would not be able to assess its effectiveness.
- People who had prescribed thickener for their fluids to reduce the risk of choking did not have the amount administered recorded. Therefore, we could not be assured that people received the correct amount. This put people at risk of aspiration and choking.

The provider had failed to ensure risks to people's health and safety had been assessed and done all that is practical to mitigate those risks. The provider had failed to ensure the proper and safe management of medicines. These are a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's medicine administration records were signed by staff when medicines were given.

Staffing and recruitment

- We received mixed views regarding staffing levels within the home. Most staff stated they did not feel there were enough staff to offer person centred care. One staff member said, "There is not enough staff at the moment, there is hardly time for one to one's with people which is making it near enough impossible to give everyone the care that they need." However, the provider used a dependency tool to work out how many staff were required which showed enough staff were on shift.
- We found no concerns with staffing levels.
- People were supported by staff who had been recruited safely. The provider requested references from previous employers and Disclosure and Barring Service (DBS) checks were completed before staff started to work at the service. 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 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 promoting safety through the layout and hygiene practices of the premises.
- 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.

Visiting in care homes

- The provider followed government COVID-19 guidance on care home visiting. Visitors were given appropriate PPE.

Learning lessons when things go wrong

- The provider was working with the local authority to make improvements to the service.
- The registered manager had just started to analyse trends and patterns of incidents and accidents. This process needed to be embedded to evidence lessons learnt.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Not all care plans were person centred, factual or up to date. We found some care plans had conflicting or missing information within them. For example, one person's care plan had incorrect information regarding their ability to use the call bell and conflicting information regarding their fluid consistency requirements. Care plans also lacked details of oral hygiene needs. This meant staff did not always have the correct information to support people safely.
- Records did not always evidence care was delivered in line with people's assessed needs. We found limited evidence when people were offered or supported with showers, baths or oral hygiene. We found gaps over the prescribed timeframes for support offered with repositioning and continence care tasks.

We recommend the provider reviews all care plans to ensure they are up to date, factual and contain all relevant information.

- People's care plans detailed their religious and cultural needs. Pre assessments were completed prior to a person moving into the service to identify their needs and ensure staff could support them.
- The registered manager had arranged for a local church to deliver a religious service to people living at Margaret's Rest Home.

Staff support: induction, training, skills and experience

- Staff training required improvement. The training matrix did not evidence all staff had training in communication, oral hygiene, behaviour and fluids and nutrition. We received mixed views from staff on their training. One staff member said, "I have done all my training and it was sufficient for my role." However, another staff member said, "We (staff) watch short videos and answer a few questions, it's not good enough."
- The provider was in the process of updating training.
- Staff told us they felt supported by the registered manager, we saw evidence of supervisions and spot checks being completed.
- New staff had an induction and completed shadow shifts before working on their own

Adapting service, design, decoration to meet people's needs

- The service required redecoration in areas. The provider had an improvement plan in place that detailed when updates were due to be completed.
- The provider had already updated some carpets, curtains and bed linen for people.

- People had individual bedrooms with pictures and personalised items within them.
- The provider had some dementia friendly signs to help people orientate and navigate themselves around the home.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments were in place. However, some capacity assessments were not decision specific. The registered manager was already in the process of updating these. The registered manager was also in the process of ensuring capacity assessments and best interest meetings were completed for sharing information with family members or significant people.
- The registered manager kept a record of people's DoLS status and recorded any conditions that required actions to be completed.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People told us the food was nice and they had choices for each meal. One person said, "The food here is very good. I get two choices but if I don't like them, I chose something different."
- People at risk of malnutrition had records to evidence what they ate and how much. This helped support staff in understanding any weight loss or weight gain risks. People were weighted regularly when required.
- People at risk of dehydration had records of how much fluid they had been offered and how much they had drunk to reduce the risk of dehydration.
- People were referred to external health professionals as required. We saw evidence of referrals being made to the falls team, speech and language therapists, dieticians and occupational therapists.
- When people needed to access health care professionals such as doctor, dentist or optician staff arranged and supported these appointments. One relative told us, "When [person] is not well staff recognise this and put [person] on the GP list so [person] can see the GP straight away."

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 for this key question has remained 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection the provider had failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the provider had made some improvements, however they had not made enough improvements and were still in breach of regulations.

- Audits were not effective in identifying incorrect or missing information within care plans and risk assessments. The current process was one care file a month was reviewed in depth. This meant that some care plans and risk assessments would not have a full review for nearly two years. We found missing and conflicting information recorded for people's needs and some risks had not been assessed or mitigating strategies recorded. Some staff also told inspectors they did not have time to read care plans or risk assessments. This put people at risk of harm.
- Systems and processes were not effective in identifying when support tasks were not completed or recorded. We found gaps in the records for oral care, repositioning and personal hygiene support. This meant the provider could not be assured that people's needs were being met.
- Audits completed on medicines were ineffective in identifying the concerns found with PRN medicines and record keeping. This put people at risk of not receiving their medicines as prescribed.
- Systems and process were not sufficient to protect people from the risk of scalding. Some but not all hot water temperatures were taken once a month. Staff did not record hot water temperatures when supporting people with baths or showers. This put people at increased risk of scalding from hot water.
- Systems and processes were not in place to identify potential abuse. Records did not always record the cause of the injury. Investigations for unexplained injuries to establish a cause or to put mitigating strategies in were not in place. This put people at increased risk of abuse
- Systems and processes to ensure staff training was relevant, up to date and supported staff to have the skills required to meet people's individual needs was not effective. We found staff had not all completed training in communication, oral care, behaviour and fluids and nutrition.

The provider had failed to ensure adequate systems and processes were in place to assess, monitor and

improve the quality and safety of the care provided. This was a continued breach of Regulation 17 (2)(a) (good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 was clear about their responsibility to be open and transparent in line with their duty or candour responsibility.
- The registered manager kept records of any complaints and what actions were taken. People, staff and relatives told us they knew how to complain.

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

- The registered manager completed daily walk rounds and spoke to staff about their understanding in safeguarding and confidentiality. Staff had an opportunity to discuss any concerns they may have.
- People, staff and visitors were asked to feedback on the service. These responses were then reviewed, and actions put into place.
- Staff were invited to staff meeting to discuss and share information.
- Relatives told us they were involved in updating care plans.

Working in partnership with others

- Relatives were kept up to date with their loved one's progress, outcomes and any incidents that may have occurred. One relative told us, "I am always kept up to date. When [person] has a fall they [staff] phone me straight away."
- The registered manager and provider were engaged throughout the inspection process. We received action plans and evidence of improvements they were making following the inspection

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure risks to people's health and safety had been assessed and done all that is practical to mitigate those risks.</p> <p>The provider had failed to ensure the proper and safe management of medicines.</p>

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure adequate systems and processes were in place to assess, monitor and improve the quality and safety of the care provided.</p>

The enforcement action we took:

Warning Notice