

Hollyberry Care Limited

Margaret's Rest Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

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 living with dementia and people with physical disabilities. At the time of our inspection there were 26 people using the service.

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

People and their relatives felt the service was safe, and people were cared for by staff who understood safeguarding procedures.

Improvements had been made and the previous recommendation and breaches had been met. Risks associated with people's individual care and health needs were assessed and measures were in place to reduce the risk. Care plans had been reviewed, updated and personalised to reflect individual preferences, routines and wishes. Staff had detailed guidance of the action required to provide safe and effective care. People received their medicines in a safe way and in the way they preferred. There was improved guidance to enable staff to support people with their medicines.

People had enough to eat and drink and their dietary needs were met. People were supported to access health care services when required.

Staff had been safely recruited. There were enough staff working at the service to keep people safe. Staff were trained for their role. Staff felt supported by the registered manager and received feedback on their performance through supervisions.

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.

Systems were in place to ensure the premises and equipment used in the delivery of care were serviced and maintained. People lived in a clean and hygienic environment. Improvements had been made to the recording of incidents and accidents. These were detailed and included any actions taken to reduce the risk of reoccurrence. Any learning was shared with staff.

The new registered manager had made significant improvements and understood their responsibilities. Staff and people had confidence in the registered manager. There were new and improved systems and processes were in place to monitor all aspects of the service provision and when shortfalls were found action was taken. People were involved in the review of their care and their equality and diversity needs were considered and respected. Feedback about the quality of service was sought from people, their relatives and staff and used to make improvements.

The service worked in partnership with other professionals and followed best practice guidance within the sector.

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 18 May 2023) and there were breaches of regulations. 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 improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced focused inspection of this service on 22 June 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve management of risks, medicines and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements.

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. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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

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?

Good ●

The service was 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a new 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. This included the action plan the provider sent to us after the last inspection to show what they would do and by when to improve. We sought feedback from the local authority. 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 6 people who use the service. We spoke with a visiting health professional. We also spoke 10 staff. They included the registered manager, deputy manager, senior carer, care staff, cook, activity staff, house-keeping staff and maintenance staff. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 10 people's care records, multiple medication records and 3 staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including staff training information, audits, meeting records policies and procedures.

After the inspection visit we telephoned 2 relatives to gather their views about the quality of care.

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 has changed to good. This meant people were safe and protected from avoidable harm.

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

At our last inspection 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. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements had been made and the provider was no longer in breach of this regulation.

- People told us they felt safe living at the service. A person said, "I do [feel safe]; it's knowing there's always someone around. If I was ill they come to me." A relative said, "I've got no concerns with [Name's] care or their safety. [Name] is looked after well, good skin care, and [Name is] clean. They contact me if they've got any concerns and tell me what they've done to make sure [Name] is ok."
- Management of risks to people had improved. Risks associated with people's individual needs were assessed, mitigated and monitored well and kept under review. Care plans were sufficiently detailed to guide staff to mitigate risks such as falling, developing skin damage and swallowing difficulties. Records showed staff checked and re-positioned people at risk of developing pressure sores. Assistive technology such as a sensor mat was used to alert staff where people were at risk of falling. Staff showed good knowledge of managing risks to promote people's safety.
- Staff were trained in safeguarding procedures and knew how to protect people from abuse. A staff member said, "I know what abuse is but never seen anything happen here. I would report everything to my manager, from any unusual marks to other types of abuse. They would investigate. I wouldn't hesitate to inform the authorities if I need to."
- Systems were in place to safeguard people from abuse. Records showed safeguarding concerns had been reported to the local authority and the CQC. The recording of incidents had improved; these were detailed and included actions taken such as medical advice sought and updated care plans to reduce further risk of harm.
- Equipment, environmental, and fire risks were managed well, with regular servicing and maintenance checks being carried out to promote people's safety. Personal emergency evacuation plans provided staff with guidance of how to safely evacuate people in an emergency.

Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This

was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements had been made and the provider was no longer in breach of this regulation.

- Medicines were stored safely. However, we found 'as and when required' medicine with a short shelf-life had been opened but was not dated. Although the medicine had not been administered for some time there was the potential risk the medicine could be administered. The medicine was removed from stock and a replacement was ordered. The registered manager conducted a full medicine audit to assure themselves that medicines were being managed safely and increased spot checks on the medicines in use.
- Medicines were managed and administered safely. People were happy with the support they received. Medicines were administered at the right time by staff trained and assessed competent to do so. A relative said, "GP called me after seeing [Name] to discuss health concerns and changes made to [their] medicines. Staff give [Name] medicines, I've got no concerns."
- Improved protocols were in place for medicines prescribed to take 'as and when required' such as pain relief. We observed staff administered medicines to people individually, safely and completed the medicine administration records (MAR) fully, detailing the time and reason for administering. Where people received medicines via a patch (applied directly to the skin), the MAR showed the staff had rotated the application site as per manufacturer recommendations. This helped to reduce skin sensitivity and irritation.

Staffing and recruitment

- People were supported by sufficient numbers of staff. One person said, "I think there's plenty of staff; there's always someone around and they pop in to check I'm ok as I like the door left open. They're here in a flash too if I use my call bell." A relative said, "There's always enough staff around. They know [Name] and how [they] likes to be cared for."
- There were enough staff to meet the needs of people living at the home. A staff member said, "I think there's enough staff and it's better now because there's been some changes to the shifts and we're told where we are working and given responsibilities." Staffing numbers were calculated to meet the dependency needs of people using the service. Rotas showed staffing was stable and absences were covered by existing staff, or if required, bank staff were used who worked with permanent staff.
- Safe staff recruitment processes were followed. This included Disclosure and Barring Service (DBS) checks, these 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

- The provider promoted safety through the layout and hygiene practices of the premises. All areas of the service were clean. Housekeeping staff followed daily and weekly cleaning schedules.
- Equipment used was kept clean. However, we found a couple of dining room chairs with damage outer covers. These were removed and replaced by the registered manager to ensure people living at the service were protected from the risk of infection.
- Staff wore personal protective equipment (PPE) correctly and cleaned their hands frequently.
- The provider was making sure visitors were prevented from catching and spreading infections.
- The provider was making sure infection outbreaks were effectively prevented and managed.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to maintain contact with their family and friends. Visits to the service were well facilitated. People and relatives raised no concerns about visits.

Learning lessons when things go wrong

- All staff knew how to report and record accidents and incidents when they occurred. These were fully investigated by the registered manager and recorded actions taken. These included referrals to specialist teams such as the falls clinic.
- The registered manager had improved the analysis of incidents and accidents to identify trends, so action could be taken to reduce risk of re-occurrence. Any lessons learnt from such incidents were shared with staff to improve people's safety and quality of life.

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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we recommended the provider reviews all care plans to ensure they are up to date, factual and contain all relevant information. At this inspection the provider had made improvements.

- People told us care and support was good. People and relatives had been involved in the planning and review of their care plan. A relative said, "I've been involved in [Name's] care, since [they] moved here. I'm called in to review the changes being made to [Name's] care plan and any decisions that need to be made in [their] best interest."
- Nationally recognised assessment tools were being used to establish the level of risk people were at. For example, malnutrition universal screening tool (MUST) was used to establish if people were at risk of malnutrition.
- Care plans were updated, contained accurate person-centred information and considered the protected characteristics and other diverse cultural needs. These were sufficiently detailed to instruct staff how to mitigate risks, for example, to prevent risk of pressure damage. A care plan described the behaviours that would indicate when a person was anxious and the role of staff to reduce their anxiety. We observed a staff member had followed the care plan to help reduce a person's anxiety and their wellbeing had visibly improved as they were more relaxed and were smiling.
- The registered manager and staff kept up to date with best practice guidance through training, and information obtained from health care professionals and the local authority.

Staff support: induction, training, skills and experience

- People told us staff were competent and provided the care and support they needed. A relative said, "They all seem to get trained because they tell me about what training they've done or going to do. I don't have any concerns about their ability to do their job."
- Staff had received induction, essential and ongoing training for their role. Records showed staff had completed additional training, which included diabetes, oral care, wound management and supporting people living with dementia, learning disability and autism.
- A staff member said, "I had to re-do the full induction training, e-learning and practical training all over again when I returned. I worked with the senior and then [registered manager] checked my practice before I could work on my own."
- Staff felt supported and had regular supervisions with their line manager where they discussed their work, any concerns and training and development needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us the food was nice and they had choices for each meal. One person said, "There is a choice, they ask every day. This morning I had a bacon sandwich. I think on Fridays you have had a better breakfast [full English breakfast]." Another person told us they occasionally ordered Chinese take-away meals for a change. A relative said, "[Name] enjoys [their] food. They make sure [Name's] eating the right food as [their] diabetes is controlled with food."
- Where people were identified at risk of malnutrition they had been referred to the GP and dieticians. Care plans detailed modified diets and the level of support required to eat and drink. Food and drink consumed by people was documented but only checked by night staff. This meant opportunity to act when people did not have sufficient amounts were missed. We found no evidence anyone was harmed. This was discussed with the registered manager and they took immediate action; and increased the frequency of monitoring which was included at each staff handover meetings.
- Catering staff had were aware of people's dietary requirements, preferences and risks. They actively worked with the staff team to manage and support these needs. We saw people helped themselves to chilled drinks from the new drinks dispenser in the dining room. Snacks and hot drinks and snacks were available throughout the day.
- The service was awarded the highest rating by the food standards agency in August 2022.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services including the weekly GP ward rounds and district nurses. People were supported to attend healthcare appointments as needed.
- Staff worked as a team to ensure that people received consistent, coordinated, person-centred care and support. Daily handover meetings ensured staff were informed about any changes or additional support people may require and included planned visits by the GP.
- Staff were knowledgeable about people's health care needs and gave examples of actions taken when they recognised changes or deterioration in health. People were referred to external health professionals as required. We saw evidence of referrals being made to the falls team, dietitian and physiotherapist. Care plans included guidance from health care professionals, to manage health conditions and treatment for minor ailments. This promoted people's health and wellbeing.

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

- People told us it was a comfortable place to live. We shared 2 issues people had raised with us relating to a cold radiator and a gap in the door causing a draught, with the registered manager. They and the maintenance staff member took action to resolve these issues.
- Feedback from relatives about the premises, design and décor was positive. They said, "It's a little home, very homely and the care is A1" and "They're always decorating or updating the place as it's an old building but very homely."
- There was ongoing refurbishment and decoration of the home. There was clear signage to enable people to navigate their way around. People used the communal areas on the ground floor. There was a sociable atmosphere, where people were chatting to each other and to staff, listening to music or taking part in activities individually or in a small group. We saw people access the garden to the rear when they wanted to smoke a cigarette.
- The registered manager conducted daily walk around to check the environment and health and safety. This meant any shortfalls identified could be action to mitigate risks.

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).

- The service was working within the principles of the MCA and appropriate legal authorisations were in place to deprive a person of their liberty. Staff told us and records showed conditions on the DoLS authorisations were being met.
- People were supported to make their own decisions where possible in the least restrictive way and best interest decisions were made where people lacked this capacity.
- The registered manager understood their duties under the MCA. They had oversight of DoLS granted to ensure timely renewals were submitted if still required.

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 has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection records 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 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements had been made and the provider was no longer in breach of this regulation.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since the last inspection, the new registered manager had made significant improvements to the running of the home and the quality of care delivered. They understood their legal responsibilities and had notified the CQC and other authorities of and other authorities of certain changes, events and incidents that affected the service or the people who used it as required. This meant risks identified were shared with relevant agencies.
- New and improved systems were in place to monitor the quality and performance in all areas of the service. Audits and quality monitoring checks were now being carried out regularly and any issues identified were actioned. The new medicines audits had been included checks on PRN medicines protocols and accurate completion of the MARs. New spot checks were carried out to monitor the response times to call bells to ensure people were supported without delay. This showed a commitment to drive improvements.
- Systems to monitor the health and safety in the service had improved. All hot water outlets had temperature valves fitted to regulate the hot water temperatures. Hot water outlet were checked regularly to prevent the risk of scalding. Recording of incidents and accidents had improved. These were fully investigated to establish the cause, for instance, the injury, and the measures put in place to prevent further risks.
- There was improved monitoring of staff training and their competency was checked regularly to ensure they had the knowledge and skills required to meet people's individual needs. This was confirmed by staff and training records viewed.
- The registered manager and the provider demonstrated they had improved oversight, monitoring, and accountability. The registered manager produced a report from the audits completed which was discussed with the provider at the monthly management meetings.

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

- There was a positive inclusive culture within the service. People, relatives and staff told us the service was well run and that communication from management was good. A relative said, "Since [registered manager] has been in charge, there's been more improvements. She's very approachable and deals with any issues quickly. It's always nice and relaxed when I visit."
- Good outcomes were achieved for people. Care plans had improved guidance for staff. Information was personalised and reflected people's routines, preferences and what was important to them. Staff knew the people well and understood how to support them in line with their preferences and wishes.
- Staff were positive about the changes made at the service. They said, "[Registered manager] is loyal to all of us and we're not afraid to talk to her" and "We provide good care now, it's much improved, everyone is happier and we work as a team. This is my extended family."

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 of candour responsibility. We saw examples of action taken by the provider and registered manager, which had been clearly communicated.
- People, staff and relatives told us they knew how to complain. The registered manager had documented issues raised about the people's care in their electronic care records including the actions taken.

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

- People's views about the service were sought. One person said, "They've tried to have meetings but not everyone likes to join in. If they ask me what I think, I will say. They always do ask what we want to see on the menu and [activity staff] what things we want to do so [they] can plan for it." A relative said, "They've had relatives meeting but I didn't go in as I visit regularly. I will speak with [registered manager] anytime if there's any issues."
- Feedback gathered from people, their relatives and staff via surveys, meetings and observations was used improve the quality of care people received. Surveys completed by people, relatives and staff were being analysed by the registered manager, all were positive.
- Staff felt well supported with regular supervisions and attended staff meetings which were informative.

Working in partnership with others

- We received positive feedback from the local authority who monitors people's package of care, about the improvements made to in relation to people's care, medicines and the audits.
- Staff worked in partnership with other agencies and health care professionals. Records showed people had been referred to health care professionals when required to promote people's health and wellbeing.
- A visiting GP told us staff had good insight about people and their needs and sought advice when people's health was of concern.