

Margaret Court Limited

Margaret Court Limited

Inspection report

Main Street
Tiddington
Stratford Upon Avon
Warwickshire
CV37 7AY

Date of inspection visit:
13 August 2019

Date of publication:
13 September 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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 Limited is a domiciliary care agency that provides personal care to older people who are living in their own homes. Margaret Court consists of 44 apartments and six bungalows. Care and support is provided to people at prearranged times in a specialist 'extra care' housing setting.

Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. At Margaret Court, each person exclusively owns their own home and the building is designed to enable and facilitate the delivery of care and housing related support to people now, or in the future.

The 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 in extra care housing receives regulated personal care. At the time of our inspection visit, two people living at Margaret Court received personal care from Margaret Court Limited. Therefore, for this inspection, we only looked at the care and support for those two people receiving personal care from this provider.

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

Safeguarding systems and processes were in place to protect people from avoidable harm. Staff understood their responsibilities and knew what to do if they had any concerns about a person's welfare. Staff understood their responsibility to follow good infection control practices. A relative confirmed staff minimised the spread of infection by wearing personal protective equipment.

Risks to people's health and well-being had been identified. However, it was not always clear how the level of risk had been identified and instructions for staff on how to mitigate risks lacked detail. This meant staff may not carry out all necessary actions to minimise risks to people's safety. However, staff confirmed they knew how to minimise risks to people's health and wellbeing and action was being taken to improve records to support this.

At the time of our inspection, the people receiving support with their personal care, did not require support to take daily medicines. However, support was required to apply topical creams or administer 'as and when' medicines. Improvements had been made and guidance was now recorded in people's care plans to ensure medicines were administered safely and consistently.

The recruitment process checked employees were suitable for working with vulnerable people. However, we found one example where the provider had not carried out all required pre-employment checks. This had already been identified and appropriate action had been taken to mitigate this risk. People received their care calls at the time they wanted, and staff were always on time. An emergency 24-hour support service was provided for people to use outside of their care calls where needed.

People's needs, wishes and preferences had been assessed before they received support from the service. People had enough to eat and drink. 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.

A relative told us staff were caring and kind and treated people with dignity and respect. The service had been flexible and responsive to meet people's needs. Although some improvements were required with mandatory training, staff and a relative felt staff had the skills required to meet people's individual needs.

Some improvements had been made and systems and processes were now in place to assess, monitor and improve the quality and safety of the service. However, these checks had only recently been implemented and had not been in place long enough for us to assess whether they were effective in driving improvement within the service.

Although the issues found during our inspection had been identified, action had not always been taken to make the required improvements. For example, risk assessments lacked detail, personal emergency evacuation plans were not in place and mandatory training had not always been refreshed in line with the providers expectations.

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 07 September 2018). 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 some improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating. The overall rating for the service has improved and is now rated as good. This is based on the findings at this inspection.

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

We have found evidence that the provider needs to make improvements. Please see the well-led section of this full report.

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?

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 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.

Inspection team

One inspector carried out this inspection.

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 people's personal care and support service.

The service did not have a manager registered with the Care Quality Commission. The new manager had recently applied for their registration with us (CQC), but this had not yet been approved. 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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection. Inspection activity started on 13 August 2019 and ended on 14 August 2019. We visited the office location on 13 August 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications the provider is required by law to send us about events that happen within the service such as any serious injuries. We sought feedback from the local authority and professionals who work with the

service as well as Healthwatch. 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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We were unable able to speak to the people who used the service because one person was not available, and the other person requested their relative spoke on their behalf. We therefore spoke to one relative about their experience of the care provided. We also spoke to the senior services manager, the new manager who had applied to be registered with us (CQC), the deputy manager and two members of care staff.

We reviewed a range of records which included both people's care records. We looked at two staff files in relation to recruitment and reviewed a variety of records relating to the overall management at the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found related to recruitment.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- A relative told us their loved one was safe with staff, when receiving care. They told us, "[Person] feels completely safe. They always come running if we call the emergency line."
- At our last inspection, we found staff were not always confident in safeguarding procedures. At this inspection we found improvements had been made and staff were confident on what action to take to safeguard people from the risk of abuse. One staff member told us, "It is all about properly caring for people. If we have any concerns at all, we have to go to our manager. We also have a special number on the board for CQC. I have confidence the manager would investigate anything we raised."
- Systems and processes were effective in managing and responding to safeguarding concerns. The new manager understood their safeguarding responsibilities and had made referrals to the local authority and informed us (CQC) where necessary.

Using medicines safely

- At the time of our inspection, the people receiving support with their personal care did not require support to take their daily prescribed medicines orally. However, support was required with applying topical creams and administering medicines prescribed on a 'when required' basis.
- At our last inspection, there were no guidelines in place to inform staff when to give medicines that were prescribed on an a 'when required' basis. At this inspection we found improvements had been made, and guidance was now recorded in people's care plans to ensure medicines were administered safely and consistently.
- We were unable to check whether topical creams were being applied correctly as records had not been kept until a short time before our inspection and these records were kept in people's homes. The new manager told us they had identified this lack of recording and implemented a new system to record and check all topical creams were being administered in line with the manufacturer's instructions.
- Staff had recently received training to administer medication safely and their competency to do so had been assessed. One staff member told us, "The medication is extremely important. We always check, check and double check everything before we give it to a person."

Staffing and recruitment

- The provider had a recruitment process in place to ensure staff were suitable for their roles in line with the requirements for employers in health and social care. However, we found one example where the provider had not carried out all required pre-employment checks. We discussed this with the new manager who told us they had already identified this and taken action to ensure the safety of people using the service, as well as sourcing the required checks.
- There were enough staff to meet people's individual needs and care was provided by staff who were

familiar to people and knew them well. A member of staff told us, "There are no staffing problems here. In fact, we probably have too many."

- Care calls were completed at times people preferred. A relative told us, "They are always on time give or take five minutes."
- An emergency 24-hour support service was provided for people to use outside of their care calls where needed.

Assessing risk, safety monitoring and management

- At our last inspection, we found risks associated with people's care had not always been identified and assessed. At this inspection we found some improvements had been made and risk assessments were now in place where required.
- However, it was not always clear how the level of risk had been identified and instructions for staff on how to mitigate risks lacked detail. This meant staff may not carry out all necessary actions to minimise risks to people's safety. We discussed this with the senior services manager who showed examples of new risk assessment tools they were in the process of implementing to improve this.
- Despite records not always being detailed, staff knew how to manage risks associated with people's care. One staff member told us, "We always have to be aware. Changes can happen quickly, and our job is to keep people safe." A relative confirmed staff managed risk and explained, "They walk with [person] to make them feel secure."
- Environmental risks had not always been assessed and monitored. For example, personal emergency evacuation plans (PEEPS) were not in place to enable people to safely exit the building during an emergency. The new manager assured us immediate action would be taken to complete these following our inspection visit.

Preventing and controlling infection

- Staff understood their responsibilities for maintaining standards of infection control. One staff member told us, "It is important to wear gloves and aprons. We always change gloves between each activity. We need to maintain hygiene and manage infection."

Learning lessons when things go wrong

- The new manager had implemented a new accident and incident reporting and recording system. Information was now recorded to advise what immediate actions had been taken to keep people safe.
- A new system had been recently implemented to review accidents and incidents to identify patterns and trends to avoid reoccurrence.

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 key question was rated as requires improvement. At this inspection this key question has now improved to good. This means 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

- People's needs, wishes and preferences had been assessed before they received support from the service. This assessment enabled the new manager to make an informed decision as to whether the service could meet each person's individual needs.
- Assessments were reflective of the Equality Act 2010 as they considered people's protected characteristics. For example, people were asked about any religious or cultural needs.
- Information gathered from these assessments was used to develop individual care plans in line with current best practice guidelines.

Staff support: induction, training, skills and experience

- Staff received an induction when they started working at the service which included time working alongside experienced staff to learn about people's routines and preferences.
- Although no staff new to care had started employment recently, plans were in place for the induction to include the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in health and social care.
- One staff member spoke positively about their induction and said, "Working with experienced staff really gave me confidence to do my job well."
- Records showed staff had not always completed refresher training in line with the provider's expectations. However, the new manager had prioritised refresher training in safeguarding and medication awareness which had recently been completed. Plans were in place to ensure all staff had completed other mandatory training refreshers following our inspection.
- Staff had regular opportunities to discuss their training needs, welfare and professional development. One member of staff told us supervision meetings happened more frequently than they did previously.

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

- The people being supported by Margaret Court Limited were able to manage their hydration and nutritional needs either independently or with minimum supervision.
- One person required some support to prepare meals and the level of support required was clearly recorded in their care plan.
- There was a communal restaurant within the building where people could eat a cooked lunch if they chose to. Alternative meals could be provided should these be requested.
- A relative confirmed the food was very good and there was always plenty to choose from.

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

- The manager told us they worked with other healthcare professionals to ensure people had access to healthcare services. A new recording system had recently been implemented to ensure information from appointments was recorded and then transferred into people's care records to ensure staff had up to date information.
- Staff understood their responsibilities to ensure people received timely care and support and reported any changes in a person's health to the new manager. One staff member explained, "We know people very well here and if there are any slight changes we inform the duty manager who gets the doctor."
- Records showed emergency healthcare had been sourced in a timely way where needed.

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 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. When people receive care and treatment in their own homes, an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff told us they encouraged people to make daily decisions about their care. One staff member told us, "We must always ask them. It is their right to be able to say what happens in their life."
- At the time of our inspection visit, everyone receiving support had the capacity to make their own decisions about their support needs.
- Records showed people had given consent to the way in which their care was planned to be delivered.

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 remained rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff spoke positively about their role and the care they provided to people. One staff member told us, "I love my job. I always try to make people feel comfortable in my presence. It is as if I am caring for my family." Another staff member told us, "I have lots of patience and understand older people. Seeing them happy makes me happy."
- As care and support was delivered to people in their own home, we could not see first-hand, how staff engaged with people. However, a relative told us, "I cannot speak more highly of the care. Their conduct is very friendly. They are very kind. There is nothing I would change."
- Staff told us they had time to spend with people and knew people well. One member of staff told us, "We have a laugh with the residents here. You don't feel like you are running out of the door to do another job."
- There was an equality and diversity policy in place that recognised any discrimination in employment as totally unacceptable.

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

- Records showed people were encouraged to express their views and make decisions about the care they received.
- Staff understood the importance of ensuring people were involved in all aspects of their care needs. One staff member told us, "We must always ask. It is not about what I like but about respecting their choice."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. One staff member told us, "I do take pride in helping [person] look nice. It makes [person] feel better when their hair is a certain way." Another staff member said, "I always knock the door."
- Staff explained the overall aim of Margaret Court Limited was to promote independence. They said, "It is independent living. That is what we do here."
- A relative told us, "They never come in and take over, they are not like that. They encourage [person] to do things for themselves."

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.

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

- People's care plans were personalised and provided information to staff on how to support people in the way they preferred. The views of people and their relatives had been considered when plans for people's care had been put in place.
- A relative told us, "They know [person] well and we know them [staff] well. They go above and beyond to make sure we are okay. One staff member stayed an extra hour to do something the other day. You wouldn't get that anywhere else."
- The new manager told us people had forged positive relationships with others and we saw people used the communal areas of the home to socialise with each other.

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.

- At the time of our inspection visit, nobody had any special requirements relating to the way in which information was presented. However, the new manager explained records could be made available in different formats such as easy to read, brail or large print when required.
- The new manager told us they had made special adjustments for some staff and had transferred some of the main policies into their first language to aid understanding and expectations.
- Care plans included information about people's preferred method of communication.

Improving care quality in response to complaints or concerns

- A policy was in place to manage and respond to complaints and concerns. A complaints and comments box was available to encourage people to raise any concerns they might have. In the twelve months prior to our inspection there had been one recorded formal complaint. This had been investigated and the complainant was satisfied with the outcome.
- A relative told us, "I know how to complain. In fact, they encourage us to make complaints. There is a box outside."

End of life care and support

- At the time of our inspection visit there was no end of life care being delivered. Everyone being supported by the service had capacity to discuss and explain their end of life wishes should the need arise. However, the manager agreed they needed to explore people's preferences in relation to end of life care to ensure

their specific choices were recorded.

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 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance and this key question was rated as requires improvement. This was because the provider did not have effective arrangements in place to monitor, improve and evaluate feedback about the quality, safety and welfare of people using the service. At this inspection we found some improvements had been made and the provider was no longer in breach of this regulation. However, further improvements were still required and the rating for this key question 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; Continuous learning and improving care

- Systems and processes were now in place to assess, monitor and improve the quality and safety of the service. For example, there were regular checks on medication and the new manager completed an analysis of accidents and incidents. However, these checks had only recently been implemented and had not been in place long enough for us to assess whether they were effective in driving improvement within the service.
- Although the issues found during our inspection had already been identified, action had not yet been taken to make the required improvements. For example, risk assessments lacked detail, personal emergency evacuation plans were not in place and mandatory training had not always been refreshed in line with the providers expectations.
- Since our last inspection the registered manager had left the service and the new manager had only been in post three months. The new manager accepted improvements were still required and showed us additional checks they planned to implement following our inspection visit. These included spot checks on staff practice and care plan audits.
- The senior services manager was open and honest about the difficulties the service had faced during the past 12 months which had left the service without a registered manager. They explained the provider had not maintained sufficient oversight to ensure the service was meeting the regulations.
- As a result, the provider had sourced an external organisation to complete checks on the quality of service being delivered. The first check had recently been completed and a service improvement plan had been put in place to drive the required improvements. A new service manager had been recruited to support the new manager in working through the service improvement plan.
- Although the service did not have a registered manager, the new manager had applied to be registered and understood the regulatory responsibilities. They had provided us (CQC) with a notification about an important incident that occurred in the service and the rating of the last inspection was displayed on the provider website and within the service.

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

- Both the new manager and the senior services manager were clear their main focus was to deliver good outcomes for people.
- A relative gave positive feedback about the management of the service. They told us, "Management is very efficient. The new manager is very knowledgeable, and we feel more than comfortable talking to them."
- Staff also confirmed they had confidence in the new manager. One staff member told us, "The new manager always listens. I don't have any problems with the management here. They are trying to organise the paperwork as that has been a problem. I can see improvements."

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 new manager and provider worked in a transparent and open way. When incidents occurred, they ensured relevant external agencies and families were informed in line with the duty of candour.

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

- A relative told us there were regular meetings and the service welcomed any comments or suggestions to improve.
- The new manager had designed a new feedback questionnaire and was in the process of asking people to complete these to improve the service.
- Staff felt listened to and told us they felt valued by the provider. One staff member told us, "They appreciate me."

Working in partnership with others

- The service worked with other health and social care professionals to make sure people received joined up care. For example, one person had recently returned from a short stay in hospital and the service was working with the enablement team to ensure this person received appropriate care and support.