

Svivekcaregroup Limited

Mary Fisher House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Mary Fisher House is a residential care home providing personal care to 22 people aged 65 and over at the time of the inspection. The service can support up to 24 people.

Mary Fisher House provides accommodation across two floors. All floors were accessible by stairs and a stair lift. A passenger lift was awaiting repair at the time of this inspection. There are shared toilet and bathroom facilities, a dining room, sitting lounge, and sun lounge.

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

The environment was not safe. The fire risk assessment was not up to date and fire doors were not installed or maintained correctly to prevent the spread of fire. The window restrictors could be overridden and opened. This meant people could fall from or climb out of windows.

Infection prevention and control systems were not in place to minimise the risk of COVID-19 transmission. We observed numerous staff not wearing face masks correctly and there was not enough personal protective equipment (PPE) throughout the premises for staff and visitors to use. There was no cleaning record to show what cleaning had been done and why.

Staff were not recruited safely. Some staff were employed without a disclosure and barring service (DBS) check. Routine checks and supervisions were not completed to make sure staff had the skills to safely provide care to people.

People were not given medicines safely. Not all the medication charts had people's photographs in. People's creams and ointments were not dated to show when they had been opened.

Lessons were not learnt when things went wrong. Trends and patterns in people's incidents were not monitored. Incidents were raised to the local authority and Care Quality Commission (CQC). People were safeguarded from the risk of abuse.

People living at the service were happy, calm and relaxed. One person told us, "I really like it here." We observed positive interactions between staff and people, and staff knew people and their preferences well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff did not receive support through induction and training. There were shortfalls in training with no clear plan to make sure staff received training. Staff had the skills and experience to complete the role, but this was not checked and monitored by the provider through spot checks and competency checks.

People received enough to eat and drink enough to live healthier lives.

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 under the previous provider was requires improvement, (published on 9 April 2019).

Why we inspected

This was a planned inspection based on the previous rating.

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.

We have found evidence the provider needed to make improvements. Please see the safe, effective and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mary Fisher House 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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to infection prevention systems, fire safety, window safety, management oversight and safe recruitment of staff at this inspection.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Mary Fisher 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 completed by two inspectors.

Service and service type

Mary Fisher 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority and involved organisations who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service. We spoke with six members of staff including the provider, general manager, care coordinator, senior carer, care workers, domiciliary staff and maintenance staff. We reviewed a range of records. This included two 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three relatives of people living at the service and three further members of staff. We looked at training data and quality assurance records. We spoke with three professionals who were involved with the service.

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 deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- People were not kept safe from the risk of avoidable harm.
- People were not protected from the risk of fire. Some internal doors were not fire safe, the fire risk assessment and people's personal emergency evacuation plans were not up to date. The service had not conducted simulated fire evacuations and staff had not received fire safety training. At the request of CQC following the inspection, the fire authority completed an audit which identified breaches of fire safety regulations.
- Some window restrictors could be overridden. This meant we were able to open the windows wider than the recommended health and safety guidance advises. This placed people at risk of harm.

The failure to do all that is reasonably practical to assess and mitigate risks was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had risk assessments in place to monitor and manage their individual risks.

Preventing and controlling infection

- We were not assured the provider was promoting safe hygiene practices throughout the premises. There were no records to show what had been cleaned and why.
- We were not assured the provider was meeting shielding and social distancing rules. Furniture was not set up in a way which encouraged people to social distance. Staff did not encourage or support people to maintain distance when sitting in communal areas.
- We were not assured the provider was using PPE effectively and safely. We observed staff not wearing face masks correctly or changing PPE after supporting a person. Staff did not carry hand gel on their person and there were not enough hand sanitising points throughout the premises.
- We were not assured the provider was making sure infection outbreaks could be effectively prevented or managed. Not all staff had received training in relation to COVID-19 and spot checks did not effectively highlight issues observed during the inspection.
- We were not assured the provider's infection prevention and control policy was up to date.
- We were not assured the provider was preventing visitors from catching and spreading infections.
- We were not assured the provider was admitting people safely to the service.

The failure to adequately protect people from the risk of infection transmission was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Using medicines safely

- People did not always receive medication safely.
- Photographs were not always in place on medicine administration records (MAR) to help ensure the correct person received their medicines.
- Some MARs were incomplete when received from the pharmacy due to a recent changeover. Staff were completing these by hand. Although, this workaround was to manage a transition, there was no additional monitoring or oversight from the provider to manage the increased risks this posed.
- We observed a member of staff breaking medication in half with their fingers rather than using a medication cutter.
- Creams and ointments were not consistently dated when opened. This increased the risk that topical medicines were not disposed of within correct timescales.

The failure to ensure safe medication practices was a breach of Regulation 12 (Safe care and treatment) under the Health and Social Care Act 2008 (Regulations) Regulated Activities 2014.

Staffing and recruitment

- Staff were not recruited safely which put people at increased exposure of avoidable harm.
- Some staff who had recently started at Mary Fisher House did not have a DBS in place or a 'fast track' check completed to ensure their suitability to work with vulnerable people.
- Some staff did not have the required documents in place such as a recent photograph, full employment history and evidence of qualifications.

The failure to recruit staff safely is a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Lessons were not learnt and shared with staff to minimise reoccurrence in the future.
- Accident and incident forms were not always fully completed or reviewed to monitor for any trends or patterns.
- Learning opportunities from incidents were not shared with the staff team to allow similar events to be minimised.
- Accidents and incidents were reported to CQC and the local authority appropriately.

Systems and processes to safeguard people from the risk of abuse

- There were systems and procedures in place to protect people from the risk of abuse or neglect.
- Staff had a good understanding of what a safeguarding concern would be and what they would do to raise a concern.
- Incidents that occurred within the service were sent to the local authority where required.

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 remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not always received training relevant to their roles.
- Staff had a shared knowledge and understanding of expectations, but this was shared between care staff informally rather than it being provided through training or supervision.
- Staff did not always receive induction, training or oversight of their practice during the start of their employment.

The failure to ensure staff had the correct training and skills to complete their role was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The premises needed work to ensure the décor and design met people's needs.
- The service needed redecoration and modernising to improve the design of the premises. For example, walls needed redecoration and carpets needed replacing.
- People living at the service had been involved in the plans for the redecoration.

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

- People's needs were assessed to make sure care was delivered in line with standards and guidelines and made sure care was person centred.

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

- People were supported to have enough to eat and drink to maintain a balanced diet.
- People who were at risk of losing weight had enhanced monitoring in place to make sure they had enough to eat and drink.
- People were complimentary of the food. One person told us, "The food here is wonderful."

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

- Staff worked with other organisations to provide effective and timely care.
- The staff had a daily meeting to review any changes with the people living at the service. From this, involved professionals such as a GP or district nurse could be requested.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported to make their own choices and decisions.
- People's rights were protected; staff assessed people's mental capacity and made best interest decisions when needed. Staff recognised restrictions on people's liberty and appropriate action was taken.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection 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

- The manager did not undertake robust quality performance reviews and audits to recognise shortfalls in practice.
- The manager had undertaken a range of audits and spot checks, but these were not effective in identifying issues which were observed on inspection, such as fire regulation breaches, recruitment practices and infection prevention and control practice concerns.
- There was not a registered manager in post at the time of inspection. The manager had applied to CQC for registration.

The failure to ensure practices and processes were completed in line with legal requirements is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager understood when to refer matters to the local authority or CQC, such as safeguarding referrals.
- Staff reported they received supervision but these were not recorded to evidence what action had been agreed or monitoring required.

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

- Staff told us of many positive changes made by the provider and manager, which have improved the service. For example, the provider intends to introduce a digital medication system and renovate the premises. One relative told us "Since I have gotten to know the new manager, they have handled things well. We think we have struck jackpot with [relative] living there."

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; Continuous learning and improving care

- The provider understood their responsibility when something goes wrong and their duty of candour to report this.
- CQC have been informed through statutory notifications when there have been notifiable incidents within the service.

- Where the provider had received a complaint, this has been acted on in line with the complaints procedure and a resolution has been reached.

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

- People's characteristics were considered as part of the care planning and involvement in the service.
- The provider ensured people living at the service and staff were treated fairly and inclusively.

Working in partnership with others

- The provider works in partnership with other organisations to ensure safe care and treatment for people living at the service.
- The provider worked in partnership with other involved organisations to make sure people received the right care input.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 12(2)(d) Fire safety checks had not been completed or acted upon and there were fire regulatory breaches. 12(2)(h) Infection prevention and control measures were not in place to effectively manage the risk of COVID-19 transmission. 12(2)(g) Medicine practices were not robust where medication was hand written on MAR charts and medication audits did not highlight poor medication administration practices.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17(2)(a) Audits completed by the provider were not effective in identifying short falls in practices.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed 19(1)(a) Staff had been recruited without all of the necessary checks being completed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing 18(2)(a) Staff training was not up to date and

new staff did not receive induction training.