

Hollyberry Care Limited

Margaret's Rest Home

Inspection report

30-32 Kingsley Road
Northampton
Northamptonshire
NN2 7BL

Tel: 01604710544

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27 July 2021
02 August 2021
18 August 2021

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Margaret's Rest Home provides nursing and residential care for up to 27 older people, including people living with dementia. There were 26 people receiving care at the time of the inspection.

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

Systems and processes had not always identified areas that required improvement, such as cleanliness and safety. The registered manager updated audits at the time of inspection to improve the quality monitoring of the service. The provider needs to ensure these changes are embedded into the service.

The provider was not always responsive to people's feedback. The premises require refurbishment and a plan of ongoing decoration.

Staff did not always follow infection control guidelines, and the guidelines were not always in line with current government guidelines. The registered manager updated their policies and procedures and put additional checks in place to monitor staff practices.

People's risk assessments were completed with clear guidance for staff on how to mitigate the known risks. People received their medicines as prescribed.

People were supported by enough staff who knew them well and had been safely recruited. People were safeguarded by staff who knew how to look for and report concerns.

Staff and relatives knew the registered manager and felt comfortable raising any concerns with them.

The registered manager continually looked to improve the service and invested time in the development and support of staff.

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 this service was requires improvement (published 16 October 2020). This service has been rated requires improvement in well led for the last four consecutive inspections.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We received concerns in relation to infection control and increased input from emergency services. As a

result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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.

We have identified one breach in relation to management oversight of the home at this inspection.

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

Follow up

We have asked the provider to send an action plan 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?

The service was not always safe.

Details are in our safe 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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and one assistant inspector. The assistant inspector spoke to staff on the telephone on 2 August and one inspector spoke with relatives on 18 August 2021.

Service and service type

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

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

Notice of inspection

This inspection was unannounced; however, we phoned the service before entering. This supported the service and us to manage any potential risks associated with Covid-19.

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. 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. We used all of this information to plan our inspection.

During the inspection

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

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at two 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 looked at training data and quality assurance records. We had contact with three staff and three relatives about their experience of the care provided.

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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- Staff did not always dispose of used PPE safely. Gloves of different sizes were not always readily available. Following the inspection, the registered manager met with staff and reinforced the importance of safe disposal of PPE and implemented regular checks of this and the stocks of gloves.
- The provider's infection prevention and control policy did not contain current government guidelines. The policy was updated during the first day of the inspection.
- Areas of the home were cluttered and equipment such as fans, radiator covers were dusty and bed rail bumpers torn. The registered manager arranged for clear deep cleaning instructions for staff and implemented more regular checks. Unused equipment was removed from the home and worn bed rail bumpers replaced after the inspection.
- People lived in a home where the carpets in the communal areas and two bedrooms had a malodour. The provider had arranged for the lounge carpet to be replaced in the next month and the bedroom carpets to be cleaned regularly until a suitable replacement had been installed.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

We have also signposted the provider to resources to develop their approach.

Assessing risk, safety monitoring and management;

- People were at risk of accessing cleaning solutions as the door to the staff toilet was left ajar where the carpet cleaning materials were stored. The registered manager arranged for the cleaning materials to be moved to a secure place after the inspection.
- Staff had not always maintained regular cleaning in the kitchen or ensured safe food storage. The registered manager arranged for immediate cleaning and implemented regular checks for safe management of food.
- Heavy furniture such as wardrobes had not been secured to walls to prevent the risk of tipping and entrapment. We discussed this with the registered manager who agreed to ensure they were secured to the walls.
- People's risks had been assessed and staff had the information in care plans to know how to mitigate people's assessed risks. People's risk assessments were reviewed regularly or as their needs changed. One relative told us they had been involved in the review, "Staff called me to review [name's] care about three

months ago."

- Staff were trained to take clinical observations so they could identify when people were unwell; staff referred people promptly to health services where required.
- People were protected from the risks associated with fire and water as the provider had systems in place to regularly monitor and check the safety processes and equipment.

The provider sent a report to CQC outlining the actions they have taken to make improvements after the first day of inspection.

Using medicines safely

- Medicines were managed safely. Senior staff who administered medicines had received training in administering medicines and had their competencies checked.
- Medicine charts were in place and completed appropriately. People's care plans included how they preferred to take their medicines.
- The registered manager had systems to check the medicines policies were being followed and people had received their medicines safely.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff demonstrated a good understanding of recognising the signs of abuse and how and where to report it. Staff knew how to escalate their concerns if they were unhappy with the provider's response. One member of staff told us, "If there was a safeguarding I would go to the manager and senior, they would put a safeguarding assessment in. If I felt it wasn't dealt with, I would go higher to CQC."
- Where safeguarding alerts had been raised the registered manager kept records of these and provided evidence of investigations as requested by the safeguarding team.

Staffing and recruitment

- Staff were recruited safely. The provider had processes in place to ensure only suitable people were employed. Disclosure and Barring Service (DBS) checks were completed for all staff prior to them working with people. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- There was enough skilled staff deployed to meet people's needs. We observed staff were deployed to the communal areas to supervise people's safety.
- Staff received training to meet people's specific care needs, for example, using a hoist when moving and handling. One member of staff told us, "We have online training once a month, moving and handling twice a year, dementia, health and safety, first aid, infection control, health and hygiene. I do think the training is good enough."

Learning lessons when things go wrong

- The registered manager audited falls to identify if there were any trends or patterns. Information found was shared with staff so lessons could be learnt, and different strategies implemented as 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 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider did not always support a positive and inclusive culture. Staff had reported in surveys the provider was not respectful and some had made complaints about the provider to the registered manager who had resolved the situations. However, staff felt confident in discussing issues with the registered manager. One member of staff told us, "They [registered manager and deputy manager] are always available, always there for you and really approachable."
- The provider failed to ensure the environmental checks kept people safe. People were at risk of harm from accessing cleaning solutions, from the risk of furniture falling and unclean food preparation areas.
- The provider had not implemented or embedded systems and processes to have sufficient oversight of the service. We have rated the service as requires improvement at the last four inspections between October 2016 and July 2020, and again at this inspection.

We found no evidence that people had been harmed. However, the provider failed to ensure systems and processes in place were robust enough to have effective oversight of the safety and quality for the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had implemented a new electronic care planning system which had helped to improve the communication of people's individual needs to all staff.
- The registered manager had helped develop the skills and knowledge within the home by having staff allocated as train the trainer in moving and handling, medicines and safeguarding. Further courses such as first aid were also planned.
- Policies and procedures had been updated and shared with staff. The registered manager ensured these policies were adhered to through regular checks.

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 had a good understanding of the duty of candour and the legal requirement. The management team had good relationships with family members and kept them updated on a regular basis including information on accidents or incidents.

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

- People had the opportunity to complete surveys about their home every six months. However, the provider did not always respond or make changes suggested by people in a timely way. People had commented the home needed decorating and required refurbishment; this had not been done. After the inspection the registered manager shared plans to start decorating the home from September 2021. The registered manager responded to people's comments and made changes where possible, for example, by employing a second activities staff to help increase the activities in the home.
- Staff meetings were held regularly. Staff suggestions were listened to and acted upon. For example one member of staff had suggested managing one person's personal care in a different way, they told us, "It [the change to the way we provide care] has made a difference to [name], they do not like personal care but sometimes there are days when they will get into the bath."

Working in partnership with others; Continuous learning and improving care

- The registered manager and staff were open, transparent and accommodating throughout our inspection.
- The registered manager implemented immediate action in response to our feedback. For example, clearing and cleaning the kitchen, implementing additional checks for cleanliness in the audits and updating policies and procedures.
- The provider's service continuity plan included information for staff about adverse weather conditions and outbreaks of infection.
- We saw evidence of referrals being made to external healthcare professionals when required. Staff had received additional training from health professionals in grading pressure ulcers and identifying when people are unwell.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to implement and embed systems that were robust enough to have effective oversight of the safety and quality for the service.</p> |