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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 29 March 2018 and was unannounced.

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 supports older people, including those living with dementia. Margaret's Rest Home offers long-term residential care for up to 27 people including those living with dementia. At the time of our inspection, 27 people were using the service.

At the last comprehensive inspection on 14 and 15 March 2016, this service was rated as good. At this inspection, the service remained good overall but some areas of improvement were required under well-led.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider regularly checked the quality of care at the service through quality audits, however we have identified some areas where further work was needed to ensure accurate records were maintained.

People told us they felt safe at the service because there were always staff on hand to support and care for them. Written risk assessments had been prepared to reduce the likelihood of injury or harm to people during the provision of their care. There were enough staff employed to meet people's needs. Communal areas were well staffed and if people were in their bedrooms staff regularly checked on them. The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service.

People received their medicines safely and as prescribed. There were systems in place to ensure the premises were kept clean and hygienic so that people were protected by the prevention and control of infection. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

People's care needs were assessed prior to them moving into the service. Staff received an induction process when they first commenced work at the service and in addition received on-going training to ensure they were able to provide care based on current practice when supporting people. People received enough to eat and drink, had a choice of meals and snacks and were supported by staff to access a variety of other services and social care professionals.

People were supported to access health appointments when required to make sure they received continuing healthcare to meet their needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service (do not) support this practice.

People developed positive relationships with the staff who were caring and treated people with respect, kindness and courtesy. People were encouraged to make decisions about how their care was provided staff had a good understanding of people's needs and preferences.

Care plans were personalised and gave clear information to staff about each person's specific needs and how they liked to be supported. People were satisfied with how their personal care was provided. Records showed that people and their relatives were involved in the assessment process and the on-going reviews of their care. There was a complaints procedure in place to enable people to raise complaints about the service.

People, their relatives and staff had confidence in the leadership of the provider and registered manager. The culture was open and honest and focused on each person as an individual. Staff put people first, and were committed to continually improving each person's quality of life

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 remained safe.	**Good**
Is the service effective? The service remained effective.	**Good**
Is the service caring? The service remained caring.	**Good**
Is the service responsive? The service remained responsive.	**Good**
Is the service well-led? The service was not consistently well-led. Quality checks needed to be strengthened to ensure they were effective at identifying all areas of improvement at the service. There was clear leadership and management of the service which ensured staff received the support, knowledge and skills they needed to provide good care. Systems were in place to ensure the service learnt from events such as accidents and incidents, whistleblowing and investigations.	**Requires Improvement**

Margaret's Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection of Margaret's Rest Home took place on 29 March 2018 and was unannounced.

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

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give key information about the service, what the service does well and improvements they plan to make.

We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events that the provider is required to send us. We used this information to help us plan this inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with ten people who used the service and the family members of two people who were visiting when we inspected. We also had discussions with seven staff that included the provider, the registered manager, and five care and support staff.

We reviewed the care records of four people who used the service to ensure they were reflective of people's current needs. We also examined four staff files, the medication administration records for all people receiving support with their medicines and four weeks of the staff rota. We also examined other records

relating to the management of the service, such as staff training and quality auditing records.

Good

Is the service safe?

Our findings

People felt safe living at the service. One person told us, "I feel safe because I think its run properly by [name of registered manager], she's a good manager." Another said, "I feel safe here, there is always someone about if you need to ask for something, it's better than being alone." Staff were all clear on the correct procedures to follow to report abuse. One said, "I would go straight to the manager and I know she would report it to the safeguarding team." Staff told us that they had been trained in relation to safeguarding people from abuse and records we examined confirmed this. Information about how to report safeguarding alerts and whistleblowing concerns were displayed and accessible to all staff. We saw evidence that the provider had submitted safeguarding alerts to the local safeguarding team as required.

People had individual risk assessments in place to keep them safe. These included falls, moving and handling, nutrition and tissue viability. A staff member told us about one person's risk assessment and why it was in place. They explained, "[Name of person] has a risk assessment in place because they have difficulties swallowing and are at risk of choking. The risk assessment tells us what foods are best for [name of person] all about the consistency of the food and the best position for them to be in when they are eating their meal. This lowers the chance of them choking." We also saw an 'oral assessment tool' for a person. It included observations about the person's tongue, lips and saliva, and whether they had teeth or dentures. This assessment tool was positive because of the link between oral health and general health. We saw that people's risk assessments were reviewed monthly or as and when their needs changed.

People's 'Individual Evacuation Plans' for emergency evacuation were included in their care plans. These described the assistance required to reach a safe zone in case of a fire. We saw there were 'ski pad' evacuation slides to assist the evacuation of people living on the upper floors. We checked the hoists used for moving people including a bath hoist and a stand hoist. We saw these had been checked and serviced regularly. We also checked the slings used in conjunction with the hoists and found them to be in good condition. We observed one sling in a person's room that was marked with another person's name. The registered manager was informed of this during the inspection.

Some people told us that staff numbers were short sometimes; however, they didn't feel that it affected them. One said, "They will see to the people with bigger problems first, it doesn't really affect anyone other than say for instance it might be a bit slower to get your lunch." Another person told us, "Staff are short sometimes, but we still get looked after." Staff told us there were sufficient numbers of staff to provide care and they did not feel under pressure or rushed when carrying out their roles. One said, "We do have enough staff and we all work together to make sure we cover any gaps on the rota."

The registered manager used a dependency tool to determine how many staff were required to meet people' needs. These were reviewed monthly or if there was a change in a person's care needs. On the day of our inspection visit, we observed there were sufficient numbers of staff to support people and rotas showed that staffing was consistent.

People were safeguarded against the risk of being cared for by unsuitable staff because the provider

followed thorough recruitment practices. Recruitment files we examined all contained the necessary employments checks required, for example, Disclosure and Barring Service (DBS) checks, employment histories, references, proof of ID and medical questionnaires to show that staff were suitable to work with vulnerable people.

People told us they received their medicines when they expected them. One person said, "I am on medication, it's like clockwork and they watch me take it." Another person commented, "I do take medication, I get it regularly." Staff told us they received regular medication training and that the manager observed their practice to make sure they were competent." Records confirmed that staff had received training in the safe administration of medicines and had their competency assessed prior to administering medicines independently. Records demonstrated that people received their medication safely and as prescribed.

People were protected by the control of infection. A relative said, "The home is always clean and hygienic. My [relative] has been here for a long time. It has always been kept lovely and clean." On the day of our visit, we saw the service was clean and tidy and we saw cleaning schedules in place that housekeeping staff followed to ensure that all areas of the home were clean and protected people from the risk of infection. We saw that staff used personal protective equipment such as gloves and aprons when providing personal care. They told us they had received training in infection prevention and food hygiene in line with current guidelines. When we checked the slings used for moving people, we found that one required cleaning. Infection control in relation to lifting slings is particularly important, as these were absorbent fabric products in regular direct contact with people's bodies. We informed the registered manager about the sling who arranged to have it cleaned immediately. We discussed with the registered manager best practice guidance that slings are individually allocated to people that require them for infection control purposes.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. One member of staff said, "We always report anything out of the ordinary to the manager." Accidents and incidents were recorded and monitored by the registered manager to ensure they had been managed appropriately and lessons learned.

Good

Is the service effective?

Our findings

People's needs were assessed prior to them moving into the service to make sure staff were able to provide the correct care. The registered manager told us they always tried to involve family members and care managers in the assessment process, if appropriate. One relative said, "They came to see me and [name of relative] at the hospital to talk about what care [name of relative] needed." Following the initial assessment, if there were areas that required the advice or input of specific healthcare professionals the registered manager would make a referral to the relevant agency. This ensured that qualified healthcare professionals were involved in the assessment process when required and ensured that care was based on up to date legislation, standards and best practice.

People received care and support from staff that were knowledgeable and had the required skills to carry out their roles. One person told us, "I think they are very skilled, I'm hoisted and it is always two people that do it, the night staff are the same." One staff member told us, "I had an induction when I first started and since then I have received regular training. My training is all up to date." We saw from staff training records that training such as manual handling, infection control and safeguarding were regularly refreshed and all staff received an induction when they first commenced employment. Staff received regular supervision and annual appraisals, which gave them the opportunity to discuss their performance and personal development. Staff said they were well supported and encouraged to do more training.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. One person told us, "I can't grumble about the food I think it's okay, there is always enough to eat and I don't go hungry. You can get fruit and biscuits in between meals." Another person commented, "The food is nice and hot and there is always plenty to eat." People had a nutrition and hydration care plan in place and we saw that referrals to the dietician and speech and language therapist had been made when required and advice followed. In addition, people's weights were regularly monitored.

The service worked and communicated with other agencies and staff to enable effective care and support. This included effective communication with health and social care professionals from different local authorities. We saw that records were kept by the service in relation to other healthcare professionals involved in people's care such as district nurses.

People had access to the health care support they needed. One person told us, "You can see a doctor whenever you need to." Care plans included detailed information about people's health requirements and any input from health professionals. The registered manager told us that people's relatives usually escorted their family members to healthcare appointments but if this was not practicable, staff would be available to support people to do this.

Margaret's Rest Home was arranged over three floors with passenger lifts and stairs for people to access the different floors. We observed that the dining room was not large enough for everybody to eat at the dining tables. There were approximately twenty-one people having lunch on the ground floor but they could not all

be accommodated in the dining room. We saw that some people had meals from tray tables while in their armchairs. Overall, the environment was well maintained and free from hazards. The laundry area was in need of refurbishment and the provider and registered manager told us this would be addressed as part of the provider's programme of maintenance.

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 were 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 less restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Our observations showed that people were encouraged to make decisions about their care and their day-to-day routines and preferences. The registered manager and staff understood their roles in assessing people's capacity to make decisions. People within the service had been appropriately assessed and had DoLS authorised for their support where required.

Good

Is the service caring?

Our findings

People were treated with kindness and respect. One person told us, "The staff, I have got to say, are very nice and caring towards me." Another person said, "I have no relatives here so they [meaning staff] are very kind and will take me to the shops if I need anything. If I don't feel like going they will always get me what I need from the shops; to me they are like my family." A relative informed us, "My [relative] is known and loved by the staff."

People looked happy and contented in the company of staff and we saw staff approaching people in a gentle un-hurried manner, always gaining consent before assisting anyone with a request or task. One person told us, "The staff, I have got to say, are very nice and caring towards me. They will come to my room and always knock first, they explain what they are going to do and always ask if it's okay before they go ahead."

We observed that staff treated people with warmth and patience. One staff member told us, "I love my job and the people I look after. I can give something back to people and that's the best thing about this job." We saw a staff member supporting a person to walk and they were laughing and joking together. We saw another staff member ask a person where he or she would like to sit. They walked with them to a chair in the lounge, talking to and reassuring them all the time. The member of staff then made sure the person was comfortable before they left.

Staff were knowledgeable about the people they were caring for. One staff member told us, "We work with families to get to know people well. It helps us get to know people better and what's important to them."

People were treated with dignity and respect. One person told us, "As you can see I share a room with someone else, but I was asked if I didn't mind, and I don't. They [meaning staff] are very respectful towards me when giving me personal care; they put that large screen round me to protect me."

We observed staff interactions that were very kind and courteous. A relative commented, "The staff are always respectful towards [name of relative]. I always see them treating people with respect and dignity. Nothing is too much trouble for them." The service was committed to ensuring the privacy and dignity of people was respected at all times. Staff completed training about privacy and dignity and confidentiality. Throughout the inspection, we observed that staff knocked on people's doors and were conscious of their privacy. Staff also informed us at which time it would be appropriate to meet with and speak with people, as they required privacy during certain times of the day.

Staff respected people's confidentiality. There was a policy on confidentiality to provide staff with guidance about the importance of confidentiality. Information about people was shared on a need to know basis. We saw that people's files were kept secure in filing cabinets and computers were password protected to ensure that information about people complied with the Data Protection Act. Handovers of information took place in private and staff spoke about people in a respectful manner.

Good

Is the service responsive?

Our findings

People told us that they were happy with the care they received. One person said, "This home is lovely. The girls are utterly delightful and I'm well looked after here." A relative commented, "[Name of relative] gets excellent care. The staff do their utmost to make sure [name of relative] gets the care they need. I can't fault it." Before people moved to the service they and their families participated in an assessment to ensure their care needs could be met. The assessment and care planning process considered people's values, beliefs, hobbies and interests. One staff member told us, "We like to ask families for information about their relatives, especially their past, their previous hobbies, likes and dislikes."

Care plans were personalised and gave staff information about each person's needs and how they liked to be supported. For example, one person said, "I prefer to stay in bed a little longer in the mornings and sometimes like to stay and sit in the lounge at night to finish watching a programme. The staff respect what I want to do." We saw this information recorded in the persons care plan. Each care plan contained a section called 'This is me' where information about people's backgrounds and preferred lifestyles were recorded and people's cultural needs were identified. For example, if people wanted staff of a particular gender to meet their personal support needs then this would be provided this. One person told us, "That is one of the first things they asked me, if I would like a male or female person to look after me. I told them I didn't mind as long as they knew what they were doing, but it was very good of them to ask me."

People were encouraged and supported to develop and maintain relationships with people that mattered to them. One person told us, "I'm lucky my family visit me, and my friends bring me in my crosswords and I have my television. I don't have time to get bored." Another person said, "The staff are great. They always have a good chinwag with me, they know all my family that visit and they are so kind to my [spouse].They can sit here from morning till night and the staff will always provide them with lunch when I have mine. It is like being at home we don't feel any different because [name of spouse] spends all day with me, it is very kind of them."

We received mixed views about the activities provided at the service. One person told us, "Staff usually provide some sort of activity, the quizzes are good and we have got a trip arranged to go to a pantomime." Another said, "It can get a bit boring sat in these chairs all day. If the weather is okay, we sometimes go out in the wheelchairs. We have not had a lady do activities for a while and the staff have to take it in turns; they do their best." On the afternoon of our inspection, we saw that care staff facilitated an activity of decorating Easter bonnets and we observed some good interactions and people enjoyed the activity. We saw that other activities had taken pace such as regular bingo sessions, a valentine's party, St Patrick's Day and Pancake Day celebrations.

The provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. The provider told us they had previously provided information to

people in easy read, large print formats.

Everyone we spoke with told us they knew how to make a complaint or raise a concern. One person said, "I have brought up matters to do with the laundry system, some of my clothes have gone missing, and they have still not been found, but I have every faith the manager will sort it out." We saw that clear information had been developed for people outlining the process they should follow if they had any concerns. There were procedures in place to deal with complaints effectively and records were fully completed.

The service provided end of life care and staff had received appropriate training to provide such care. The registered manager told us that seven staff were signed up to complete end of life training. At the time of the inspection, no people were receiving end of life care. The registered manager told us, "One person was on end of life care. However they have made such a good recovery they are no longer on receiving that care." The relative for this person commented, "They [meaning staff] have done such a good job looking after [relative] that they are no longer end of life. I think that says how good the care is. The registered manager respected people's end of life wishes and made every effort to ensure they could remain at the service if this is what they wanted.

Requires Improvement

Is the service well-led?

Our findings

We found that overall there were good systems in pace to check the quality of the care provided, however we found that quality checks needed to be strengthened to ensure they were effective at identifying all areas for improvement. For example, there was a list of people who required fortified meals and nutritional supplements in the kitchen. However, three people on the list were deceased and another no longer required the supplement. Staff we spoke with were aware of people's dietary needs and were able to explain who required fortified meals and additional nutritional supplements. People's dietary needs were also well recorded in their care plans.

We observed that one person's care plan information needed to be updated. Their 'personal moving and handling risk assessment plan' contained conflicting information. The person was described as being 'on permanent bed rest (end of life)' in January 2017, with reviews stating 'no change'. However, the person was walking with hand-to-hand support from a staff member. The registered manager told us this person was making improvements every day and that their care plan was due to be updated because of the changes. We observed that staff supported this person with dignity and allowed them to do as much as possible for themselves. We spoke with the relative of this person who told us that their relative received excellent care and had made great improvements.

Another person had a 'behaviour chart' which was used to record episodes of 'behaviours that could challenge' to try to identify possible causes and how the situation was resolved. It was not clear if or how the information gathered had been analysed. Staff we spoke with were aware of the approach required to support this person to manage their behaviours and we saw this was well recorded in the care plan.

One person had a holistic assessment that described their communication as 'non-verbal' when in fact the person was talkative and articulate. We discussed this with the manager who said it was a mistake in their assessment and would address this. We observed that staff gave this person choices and spoke with them in a reassuring and respectful manner.

The registered manager completed numerous daily, weekly and monthly audits. In addition, the registered provider also completed a monthly audit of all aspects of the service. The registered manager and provider met each month to discuss the results of their audits and draw up an action plan. We saw this displayed on the wall and minutes of their meetings were also recorded.

There was a registered manager in post. People and relatives were very positive about the staff and the registered manager. One person told us, "I know who the manager is. I have forgotten her name, but she always walks about, she practically lives here." Another commented, "I get on very well with the manager. She won't go home without saying bye to me and even waves through the window at me. I don't have any complaints, but if I had, she's the person to deal with it." A relative said, "I'm very happy in the way my [relative] is looked after. The staff and the manger are very supportive to my [relative] and me; they will phone me if there is anything wrong."

We also received positive feedback from the staff about the registered manager. A staff member told us, "The manager is very supportive. She works hard, puts in long hours but she genuinely cares." A second member of staff said, "The manager knows all the residents very well. She is not sat in an office all day but comes out and helps us [meaning staff] to care for people."

During our inspection, we saw that staff were comfortable interacting with the registered manager and a positive and open working atmosphere was present. All the staff we spoke with were aware of their role and responsibility, and understood what was expected of them. They told us they had the opportunity to feedback and discuss any concerns as a team, and said the registered manager listened to them. Staff told us that they were able to feedback through a variety of forums including team meetings, supervisions, and observations, as well as informally should they wish. We saw minutes of meetings held, and staff we spoke with confirmed they took place.

People had the opportunity to feedback on the quality of the service. One person told us, "I have been to meetings and I have brought up the quality of the food. I did see a change in the menu they do listen. The manager is very good, she gets things done." Records confirmed that 'residents meetings' took place every month and subjects discussed included the menus, changes at the service and activities. During a recent meeting, one person had requested a birthday party for their 71st birthday along with a birthday cake. The registered manager had facilitated this and we saw photos of the birthday party where everyone at the service was invited.

The service supported people across different local authorities, and worked openly with them in monitoring their work with people. This included raising safeguarding alerts and liaising with social work teams and other professionals when appropriate, to ensure people's safety. We saw that the service was working on a current action plan for improvements with the local authority. We looked at some of the areas that improvements had been required, and saw that positive progress was being made.