HC-One Oval Limited

Market Lavington Care Home

Inspection report

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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
Market Lavington Care Home was providing personal and nursing care to 48 older people at the time of the inspection, some of whom live with dementia. The service can support up to 87 people. Accommodation is provided in two separate buildings, one for residential care and one for people who need nursing care. The home also has rooms for people who had been discharged from hospital but not yet ready to move home. These rooms were used for short-term periods in agreement with the local authority and referred to as 'discharge to assess' rooms.

People's experience of using this service and what we found
The home was not always clean as there was not enough domestic staff working to provide a safe cleaning service. In addition, there were areas of the home such as handrails that needed repair. The provider had planned a refurbishment at this home which had been paused, we have been told it will resume in May 2021. The lack of domestic staff had impacted on staff morale. Staff told us there were not enough staff and that they were concerned at the lack of action taken by the provider to address this.

Incidents and accidents had been recorded, but not all incidents had been reported to the local authority where required. The provider told us they would take action to address this shortfall.

People told us they felt safe living at the service and that the staff were helpful and kind. Feedback from people and relatives about staffing numbers was mixed and we have shared this with the provider.

People's risks had been identified and assessed by staff and management plans were in place. Where people needed additional support to manage risks the records did not always evidence the support had taken place or that monitoring was happening. The provider had identified some of the recording gaps through their quality monitoring processes and were taking action in some areas.

Staff had been trained in infection prevention and control and provided with personal protective equipment (PPE). Staff told us they had access to ample supplies of PPE, and we observed they used it safely. Staff told us the provider had made support available for them to help with their wellbeing if they needed it. There were mental health champions identified amongst the staff group and numbers for staff to ring for help, support or guidance.

Visiting indoors had paused during our inspection except for compassionate reasons. People were supported to keep in touch with relatives using a variety of means. Any new people moving into the service were isolated in their rooms and tested for COVID-19. Everyone at the service was being tested for COVID-19 as per the government guidance. We observed there were information posters up around the service giving guidance on washing hands and staying safe during the pandemic.

Since the last inspection there had been instability with the management of the service which had been

unsettling for people, relatives and staff. There was a new manager in post who was in the process of registering with CQC. Feedback received about them was very positive.

Quality monitoring visits were taking place which supported the new manager and the staff team. Some areas for improvement and development had been identified and the provider was monitoring outcomes.

Communication had been a cause for concern at the service for professionals and relatives, but the new manager was taking steps to make improvements. There had been one relatives' meeting via the internet which had been well received. The manager was planning to hold more to help with communication.

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 Good (published 19 May 2018).

Why we inspected
We received concerns in relation to unsafe medicines management. 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.

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.

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

We have found evidence that the provider needs to make improvement. Please see the Safe 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 Market Lavington Care 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 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 one breach of Regulation in relation to the providers failure to have systems in place to assess, monitor and mitigate risks and the quality and safety of the service.

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Market Lavington Care 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
This inspection was carried out by two inspectors, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Market Lavington Care 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 did not have a manager registered with the Care Quality Commission. 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. There was a manager in post who had applied to become registered.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who commission services at the home. 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 aimed to minimise the amount of time we spent at the service so arranged to speak with people and relatives by telephone following our site visit. We spoke with four members of staff and the manager. We reviewed a range of records which included multiple medication records, care records for nine people and four staff files in relations to recruitment.

After the inspection
We reviewed a range of records which included incident and accident data, quality monitoring information, complaints log, meeting minutes and policies and procedures. We spoke with five people and seven relatives about their experiences of the care provided, we spoke with a further 11 members of staff, the manager and the area director. We contacted and received feedback about the service from five professionals.

We also contacted Wiltshire Healthwatch for any feedback they had about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Requires Improvement

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. 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

- We were not assured that the provider was promoting safety through the hygiene practices of the premises. The home was not clean in all areas and there were areas that the provider could not be assured were clean due to disrepair. For example, handrails had many areas of chipped paint exposing the wood which is porous. We observed there were areas of exposed plaster work and in some areas exposed brick. These areas were porous and unable to be cleaned safely.
- This concern had been identified in the provider's quality monitoring and the provider told us the home was due for a refurbishment. We were told due to the pandemic the works had not been carried out. The provider has told us the refurbishment was being re-scheduled for May 2021.
- On the day of our site visit there was not sufficient staff deployed to maintain a clean, hygienic environment. There was not a domestic cleaner available to work in the nursing building. The manager told us the care staff would do basic tasks such as emptying bins and cleaning high contact touch points, however, during our site visit the care staff were short by one member of staff due to short notice sickness. This meant minimal cleaning took place throughout the day.
- We observed there were waste bins in communal bathrooms that were full and overflowing. Waste such as used paper towels were lying on the floor and in one instance left lying on a sink. We informed the manager of this concern on the day of the site visit and they told us they would empty them without delay.

- 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 admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider's infection prevention and control policy was up to date.

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

Staffing and recruitment

● Feedback from people and relatives about staffing numbers was mixed. Comments included, "I think the middle of last year they were short staffed then, but they always respond quickly to phone calls on the nursing floor. Last year the staff did say they were short staffed, but not said anything recently", "No I don't think there are enough staff, definitely not. They need a lot more staff, they are rushed off their feet. It has not personally affected me as the staff never make me feel rushed, they still take the time with you", and "There's always somebody there. I do know some of the agency, but we don't see many of them. No problem at night – once I am in my bed, I am asleep until morning."
● We observed during our site visit there were not enough staff deployed. The care staff team were reduced numbers due to short term sickness. There was no domestic staff cleaning in one building which put additional pressures on the care team.
● The provider used a 'staffing grid' to calculate staffing hours. They told us they were using their grid to make sure sufficient numbers of staff were deployed. The grid was linked to occupancy so if occupancy reduced then staff numbers would be reduced. In addition, the provider told us they reviewed people's dependency levels, the layout of the building and incident trends to provide sufficient numbers of staff.
● Staff we spoke with told us there were not enough staff deployed. We also received information of concern before and during our inspection that raised concerns about staffing numbers. Comments from staff included, "The staffing levels need to improve, there is a lot of care to give. There is a lot of work involved with the discharge to assess admissions. Sometimes admissions are at 6pm, this has an impact" and "Sometimes the staffing levels are not good. When new staff come in, they stay a few months and leave, I don't know if the problem lies there, we are left with short staff."

There were not effective systems in place to assess, monitor and improve the quality and safety of the service, including seeking and acting on feedback and evaluating practice in order to provide a safe service. This placed people and others 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.

● Staff had been recruited safely with the required pre-employment checks being carried out.

Assessing risk, safety monitoring and management
● People's risks had been identified and the provider had management plans in place to monitor and mitigate risks. However, records we viewed of the monitoring were not completed or inconsistent.
● For example, people who required repositioning regularly had gaps in their records which did not evidence they were being repositioned as per the care plan. The provider had identified shortfalls in monitoring records within their quality monitoring systems and identified action to address the concerns. These actions included additional checks to be made by staff.
● Where people had been identified as having behaviours that can be challenging, there were 'stress and distress' care plans in place. However, we observed that these were not always followed. For one person their care plan recorded staff should engage them in conversation about family, encourage a visit to the garden or organise their belongings with them. However, staff were just walking past this person responding with a "no sorry" when the person asked to leave.
● For people who experienced distress reactions staff were recording incidents of distress in daily notes and not using the provider behavioural monitoring records. For example, for one person we saw in their notes they had kicked and punched staff on a number of occasions.
● We asked the manager how they monitored this type of incident so they could take action. They told us they recognised staff did not use the required behavioural monitoring forms and were trying to address this with staff. They told us, "I have done some dementia training with the staff, and I do plan to do more." Following our site visit the manager told us they had introduced behaviour monitoring charts where needed and making sure staff completed them where appropriate.

● Checks on safety systems were carried out regularly. The provider had comprehensive logbooks which recorded regular checks completed on fire equipment, wheelchairs and hoists.

Systems and processes to safeguard people from the risk of abuse

● People and relatives told us they felt safe at the service. Comments included, "[Relative] would speak to us if they felt unsafe. [Relative] tells us, 'I am so happy here, everyone has been so kind'. She never has a bad thing to say about the home", "I do feel safe. I have French doors and a big room" and "I have been getting worse, but they [staff] just know what I am. They know what to do and how to help me."

● Staff had received safeguarding training and understood their responsibilities to report any concerns. We saw evidence staff had reported concerns to the management and we received whistleblowing concerns about the service.

Using medicines safely

● This inspection was carried out in part following concerns we received about medicines management. We received information that said medicines errors were not being reported and investigated and that the manager was not being transparent about investigating medicines errors.

● Following our review of medicines, we have not found any evidence to substantiate this concern. The provider was carrying out monthly medicines audits and there was a system in place to record and investigate medicines errors.

● At our last inspection we made a recommendation for some aspects of medicines management. We had observed some 'as required' protocols were not available, there had been gaps on some records and some medicines were in stock when they had expired.

● At this inspection we saw that the provider had taken action and followed our recommendation. The records we reviewed showed people were receiving their medicines as prescribed.

● We saw that 'as required' protocols had been introduced. There were a few which lacked patient specific details which outlined clearly the circumstances when medicines should be given. This was rectified during the inspection.

● The process for ordering medicines has recently been reviewed. The medicines charts we reviewed showed people's medicines were available and no one had missed doses of their medicines.

● Fridge temperatures were being recorded daily. We saw that the maximum temperature had been outside the recommended range. Staff were not aware that the minimum and maximum readings needed to be within the required range. Following the inspection arrangements were made to ensure that medicines were stored at appropriate temperatures.

Learning lessons when things go wrong

● Incidents and accidents were recorded on an electronic data reporting system. Whilst we could see immediate action had been taken to support the person, we could not see evidence incidents had been reported to the local authority where required. The area director told us this reporting would be carried out.

● Staff attended a daily 'flash' meeting to share information about events, incidents and accidents. This ensured any immediate learning was shared with staff with updates on people's changing needs.

Requires Improvement

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. 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

- At the time of the inspection there were not enough domestic staff deployed. This had an impact on the care staff workload, the cleanliness and morale amongst some of the team.
- Domestic staffing hours had not been available for some time due to various reasons such as staff shielding. In addition, the provider had increased domestic hours to ensure additional cleaning could be carried out in the pandemic. The manager told us there were approximately 50 domestic hours per week that required covering at times.
- Existing staff had taken the opportunity to gain some overtime, but this was not filling all the hours and not sustainable. Due to short notice sickness it is not always possible to cover the gaps in staffing but the gaps in the domestic staffing rota were not from short notice sickness.
- Staff had raised concerns with the provider about the lack of domestic staff during the pandemic. The provider had taken some action and met with the staff involved. However, the provider had not taken effective steps to make sure those hours were filled. For example, the provider had not used domestic agency staff to cover the shortfall during a pandemic where cleaning the environment was essential for safety.
- Cleaning schedules and records of cleaning for touchpoints we reviewed had gaps in recording. Cleaning schedules for one area of the home could not be found on the day of our site visit. This meant the provider could not be assured all areas of the home were regularly and thoroughly cleaned, including high contact areas such as handrails.
- Areas of the home were in disrepair. Handrails were chipped exposing wood and there were areas of brickwork exposed which could not be cleaned thoroughly. The provider had identified in December 2019 the home required refurbishment which had been put on hold due to the pandemic. However, the provider had failed to paint handrails and cover exposed brickwork as a minimum so the home could be cleaned thoroughly during the pandemic.
- There was an inconsistent approach to support and monitor people who experienced distress reactions. The provider's monitoring records were not being used and we saw two examples of a person being offered sedatives before other approaches as per their care plan guidance. This means people were at risk of receiving unnecessary chemical restraint.
- Systems were not robust to make sure incidents were shared with the local authority when needed. This meant external agencies such as safeguarding teams did not have the information, they needed to monitor care and support to ensure people were safe. The area director told us they would address this shortfall and

ensure incidents were reported.

The provider had not ensured that there were effective systems in place to assess, monitor and mitigate the risks and to assess, monitor and improve the quality and safety relating to the health, safety and welfare of service users and others. This placed people and others 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● Since the last inspection there has been a number of managers employed and periods of time without a permanent manager. The provider had tried to make sure there was some form of management cover, but the changes in management had been unsettling for people, relatives and staff. One healthcare professional told us, "They [staff] are trying to do a really good job, it is the management side of things, the change again, it is unsettling."

● This inspection was prompted due to information we received about the management of the home. During the inspection we received a further whistleblowing concern about staffing and the impact of the poor staffing numbers. One member of staff told us, "I feel I am doing above and beyond what I should be doing, HC-One don't seem to care, I feel I am being used."

● We also heard feedback from some relatives, staff and professionals about poor communication. One relative told us, "Can we trust that when [relative] deteriorates that they will call me in, I worry that they will not call me in. To alleviate the anxiety on both sides maybe a bit more training on communicating with care and something about answering phones." One professional told us, "I have had problems with the phone, I could not get through one day, I phoned three times."

● In 2017 the provider acquired the home from another provider and many of the staff had worked for the previous provider. There was a disconnect between some staff and the provider. For example, staff told us consistently they did not think there was enough staff. The provider told us they believed there was more than enough staff and it was more about some staff being reluctant to adapt to change. This disconnection had impacted staff morale and staff expressed concerns about not being able to provide high quality care at all times.

● Following our site visit the manager told us the provider had put into place a plan to help address the disconnect between staff and the provider. Work had been planned to review systems and areas where improvements could be made such as systems to capture staff feedback. The provider had agreed that central HR colleagues would work with the manager to support the rolling out of this plan.

● There was a new manager employed who was in the process of becoming registered with CQC. They had started to make improvements and told us, "Sharing information can be difficult, we try and target staff who don't engage. When I walk around if I see anything, I will address it with staff, but also if we see good things to say something about that. We are trying to use positive reinforcement to get the message to staff when they have done well. We are quick to address poor practice; we must also give praise when it is needed."

● The new manager had already identified improvement and made changes. They told us they had asked staff what they wanted to help them do their jobs. The manager said, "At the moment, we have not changed big things. They [staff] did not have a nurse's station downstairs, so we have moved reception so they [staff] can now have an office. There wasn't a treatment room, so ok we have given them [staff] a treatment room. A lot of equipment is stored in the flats, staff had to walk a long way to get this. So, we have moved it to an empty room, I have tried to take the pressure off."

● We received positive comments about the new manager's approach, but this did not always extend to include the provider's approach. Comments included, "She [manager] has not been there long, when she said she is going to do something she has done it. Higher management have not been there for us, we were

left to our own devices, promises made have not been kept", "The manager we have now has made a real difference the home" and "Very pleased with [manager], she is great. People up above her don't care that much." We have shared the feedback with the provider.

● A board in the front entrance had information for people and relatives to see what had been done in response to some of their feedback. For example, people had raised they wanted more activities, the provider was advertising for another activity worker.

● The new manager had started to hold relatives' meetings via the internet which had been appreciated as an improvement to communication. One relative told us, "The management has changed several times. I went to a meeting two weeks ago, met the new manager who seems very on the ball, answered questions, came across as competent and very caring – one big family. I came away from the call quite heartened by her."

● People and relatives spoke warmly about the staff and their approach. Comments included, "It's very comfortable, I'm well looked after. I would speak to the managers, or [activity person] if needed", "I feel able to talk to the staff, I could bare my soul with them" and "[Activity person] took me for a walk a week back, he is very kind. I don't think there's anything I can't mention to him. I have a lovely life and I am so grateful."

● During the pandemic it had been difficult to source services such as hairdressing and chiropody. People and relatives raised this as an improvement they would like to see. One person told us, "It would be nice to have chiropody. My hair is long as there's no hairdresser. I've not seen a hairdresser since March. Nobody can come in at the moment, it's a long time since March." One relative told us, "There is a hairdresser saga that has not been resolved for obvious reasons. They tell me they are hoping to recruit someone, they tell me there are interested parties. There has been no hairdresser for about 15 months." The provider told us they had sourced chiropody services and had applications for potential hairdressers.

Working in partnership with others

● Some concern was raised about being able to get through to the home on the telephone. Professionals told us the home had set up a designated mobile phone for them to make sure they were able to get through which had improved communication.

● The home worked in partnership with other agencies which included local healthcare services and services commissioned by the local authority. One professional told us, "I am quite pleased if people go there [the home], as I know the staff are going to be responsive."

● People had access to a range of healthcare professionals which helped to make sure their health needs were met. We could see in people's records they accessed services such as speech and language therapy, tissue viability nurses and their local GP's.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured that there were effective systems in place to assess, monitor and mitigate the risks and to assess, monitor and improve the quality and safety relating to the health, safety and welfare of service users and others, including seeking and acting on feedback and evaluating practice in order to provide a safe service. This placed people at risk of harm. Regulation 17 (1) (2) (a) (b) (e) (f)