

St. Catherine's Care Homes Limited

# Monson Retirement Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Good** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

Monson Retirement Home is a residential care home providing personal and nursing care for up to 50 older people. At the time of our inspection there were 27 people living at the home.

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

Relatives we spoke with felt their family members were safe at the service and that the service was being managed well. Staff were provided with safeguarding training and understood their responsibilities in relation to keeping people safe from harm.

People were protected from the risks of infection as the registered provider had processes in place to minimise the risks of the spread of infection.

The registered provider had improved the arrangements in place to monitor and review the care people received and ensure care plans and risk assessments reflected people's needs.

Staff were recruited safely and people were supported by adequate numbers of staff. Staff had received training and appropriate levels of supervision for their roles. People's medicines were managed safely.

Relatives told us they were involved in their family member's care. Staff worked with health professionals to support the people and ensure care was delivered in a joined-up way. A range of management systems and quality audits were in place to enable the home to continue to keep improving the care people received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Requires Improvement (published 11 February 2020). There were multiple breaches of regulations. The registered provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the registered provider was no longer in breach of regulations.

Why we inspected

We carried out this focused inspection to check whether the Warning Notice we previously served in relation to Regulation 12 (1) (safe care and treatment) and Regulation 17 (1) (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In addition to the warning notice we had also previously found that the registered provider was in breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-

led.

This report only covers our findings in relation to the key questions safe and well-led and the breaches of regulations identified at the last comprehensive inspection. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained at requires improvement. This is based on the findings at this inspection.

As part of this inspection we also looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Monson Retirement 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 registered provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Monson Retirement 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 registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the registered provider a short period of notice of the inspection. This was due to the COVID-19 pandemic to ensure we had prior information to promote safety.

#### What we did before the inspection

We reviewed information we had received about the home since the last inspection. In addition, we considered our last Care Quality Commission (CQC) inspection report and information that had been sent to us by other agencies such as commissioners who had a contract with the service. We also sought feedback from the local authority who commissioned services with the home, the local area fire officer and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The registered provider was not asked to complete a registered provider information return prior to this inspection. This is information we require registered 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 the relatives of five people who lived at the home about their experience of the care provided. We spoke with the registered manager, the registered provider's operations manager and five members of staff. We reviewed a range of records. This included six people's care records. We looked at five staff files in relation to safe recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

We continued to seek clarification from the registered provider to validate evidence found. We looked at training data and quality assurance records.

# 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 increased to Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection we found the registered provider had failed to ensure they had effective systems in place to always assess the risks to the health and safety of people using the service or take action to mitigate risks. This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found enough improvement had been made and the registered provider was no longer in breach of regulation 12.

- A range of on-going environmental audits were in place and actions had been taken to address the health and safety concerns highlighted at the last inspection. For example, environmental audits had highlighted the need to improve signage of fire evacuation routes and the provider had completed this action.
- We were mindful of the impact the COVID-19 pandemic had upon the provider's action plan as time scales for completion of some priorities could not be met. The registered manager had revised their action plan as a result of the delays.
- Following a recent audit by the local fire service, the registered provider demonstrated they were working with the fire safety team to complete the required actions.
- Systems were in place to assess risks to people's health safety and welfare. Preventative measures had been put in place where risks had been identified. For example, one person had been identified as being at risk of choking. A referral had been made to the relevant specialist service who had provided detailed guidance to staff on how to manage this risk. Similarly, when people had been assessed as being at risk of skin damage, care plans were in place to provide staff with guidance on how to manage this risk.
- Senior staff had reviewed and updated care plans and individual risk assessments on a monthly basis. Care plans and risk assessment information reflected people's current needs. A staff member told us, "The care plans provide all of the information we need to give good care. The risk assessments are kept reviewed and we make sure if anything does change these records are fully updated."
- In addition, risk assessments had been completed for each person to address the risk of social isolation during the COVID-19 pandemic.

### Preventing and controlling infection

- As part of our on-going monitoring of the service the registered manager provided us with a range of information about how the service managed the risks related to the COVID-19 pandemic. For example enhanced cleaning procedures were in place and the registered provider had followed the national testing programme.
- Staff had received updated training on using personal protective equipment (PPE) in line with current government guidance. During our visit we saw staff following this guidance.
- Information was available to people about how to stay safe during the pandemic and general good hygiene

practice. The home was clean and free from any malodours.

#### Using medicines safely

- Staff told us and records showed, people were supported to take their prescribed medicines safely by staff who had received the necessary training to do this.
- Systems were in place to ensure medicines were being securely stored. Audit processes had been strengthened to enable the registered provider to monitor how stock levels were being correctly maintained.
- Up to date good practice guidance related to medicines had been adopted by the registered provider and staff told us how they worked in line with this.

#### Learning lessons when things go wrong

- At our last inspection we found opportunities to learn lessons from incidents or events had been missed. During this inspection we found the registered manager had introduced a more robust system to review any incidents or events with staff.
- The registered provider had continued to analyse any incidents or events so that learning resulting from the analysis could be shared with staff.

#### Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their family members were being cared for safely. A relative commented, "I have every confidence in the staff ability to provide safe care."
- The registered provider ensured staff had received training about the action they would need to keep people safe from harm.
- Staff demonstrated a clear understanding of how to identify if a person may be at risk of harm or abuse and how to report their concerns. One staff member said, "I have completed safeguarding training and would ensure any concerns are raised immediately with the manager and or deputy manager."
- During our visit to the home we observed people were relaxed in the company of the registered manager and staff. People indicated to us they felt safe through the positive interactions they had between them and the staff team.

#### Staffing and recruitment

At our last inspection the registered provider had failed to ensure all staff had received all the training and supervision they required to carry out their roles and meet people's needs. This is a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing. Enough improvement had been made at this inspection and the registered provider was no longer in breach of regulation 18.

- Staff told us they had access to the registered providers induction, supervision and training programme. This included regular update training relevant to the roles staff undertook and peoples needs.
- The registered providers training plan had been kept under review and updated in line with training staff had completed or were needing to take.
- Policies and procedures were in place to ensure the safe recruitment of any new staff. For example obtaining references from previous employers, making checks on the person's identity and completing a Disclosure and Barring Service (DBS) check. The DBS would show if a member of was unsafe to work with or had been barred from working with vulnerable adults.
- Feedback from people's relatives indicated there were enough staff to provide the care their family member needed. In addition, relatives said that staff were being deployed in ways which ensured people's needs were being met.
- Staffing rotas were planned in advance. The registered manager knew about which members of staff were working and the cover arrangements in place on any particular day.

- Where required the registered provider had supported the use of agency staff. The same agency was used when needed to maintain consistency for people.

# 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 increased to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

At our last inspection we found the registered provider had failed to ensure there was sufficient management oversight, or systems and processes in place to assess, monitor and improve the quality and safety of people living at the home. This is a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the registered provider was no longer in breach of regulation 17.

- The registered provider had taken steps to strengthen the management arrangements and managerial oversight of all areas of the home. For example, the registered manager was supported by the registered providers operations manager to maintain day to day oversight of the home.
- Audits were in place to drive improvements and ensure the service was being run consistently.
- The registered manager and operations manager had kept their improvement plan under review to ensure completion dates for actions were met. In addition the improvement plan was updated with any new actions identified through audits. This meant they were able to ensure on-going reflection, continuous learning and service development was being maintained.
- Staff had been supported to understand their responsibilities in developing good team work and to speak out if they had any concerns. Staff told us they were clear about how the home was being led and who they would raise any issues or concerns with if they had them.
- Team communications had been strengthened through a process of formal and informal meetings, including handover meetings between shifts. This ensured information about risk and actions being taken to minimise risk was being shared and reviewed after every shift change.
- Since the last inspection the registered persons had developed a system to ensure peoples personal finances were managed in an appropriate way. This was undertaken in discussion with people and their families about how they wished their finances to be managed.

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

- Relatives told us throughout the COVID -19 pandemic the registered manager had kept in contact with them to keep them informed of their family member's progress. The relative of one person told us, "I just wanted to praise the staff through this pandemic. I visited my relative at the weekend and of course we

social distanced. I was just so chuffed with how well she is being cared for. She looks healthy and happy. The young lady carer who brought my mother to the door was very lovely, polite and helpful as I cried as I have missed my relative so I would like to thank her. I'm very impressed and happy with the care my relative is receiving."

- The registered provider sought people's and relatives' views through a process of on-going survey's. Relatives also told us they could give their opinions about the services provided through the regular communications they had with the registered manager and staff.
- Staff told us they were well supported by the registered provider. They had regular opportunities to access informal and formal supervision and to review their learning and development needs. Regular staff meetings were also held so staff could share their views.
- The registered provider had ensured our latest inspection report and rating was on display in both the service and on the registered providers website and available for people and their relatives to access.
- The registered manager told us information about how the home operated was available in a range of accessible formats, for example in alternative languages and large print.

Working in partnership with others; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered provider and staff told us how they were committed to further improving the services delivered for the benefit of people who lived at the home.
- Relatives and staff told us the management team promoted an open culture where staff learning was encouraged. Relatives also described how they felt involved in the care of their loved ones. One relative commented, "100% the manager has improved things. The biggest thing has been the way in which they organise and manage things." Another relative of a person who was receiving end of life care told us, "[My relative] is not dying there – [my relative] is living there" They have helped to keep my relatives identity and their character."
- The registered provider had access to a range of professional resources which enabled them to share up to date professional guidance with staff when this was made available.
- The registered manager and staff team had also worked in partnership with other agencies to promote the delivery of joined-up care. A relative described how they, "Went to a meeting with the manager with the local authority to discuss my relative's care needs. The manager was very knowledgeable about my relatives needs and was able to answer every question she was asked. Everything the social worker requested was at hand and the manager provided this including physical needs, continence and mobility."