

Margaret House Care Home Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Margaret House Care Home Ltd is a residential care home providing personal care for up to a maximum of 11 people in one adapted building. The service specialises in providing care and support for people with mental health conditions. There were 9 people accommodated in the home at the time of the inspection.

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

People were satisfied with the service and told us the staff were helpful and pleasant. Staff understood how to protect people from harm or discrimination and had access to safeguarding adults' procedures. There were shortfalls in some people's care plans and records and risks to people's health safety and well-being had not always been assessed and managed. The home had a satisfactory standard of cleanliness. There were sufficient staff on duty and staff were attentive in responding to people's needs. There were minor shortfalls in the recruitment records of new staff. The deputy manager assured us these issues would be addressed. Medicines were not always managed safely. Whilst a pre-planned fire risk assessment was carried out during the inspection, we were concerned about the fire arrangements and asked the local authority's Fire and Rescue Service to carry out an audit. The nominated individual took immediate action to address issues highlighted during the fire assessment.

People were satisfied with the meals provided. However, dietary records were not consistently completed. 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 supported this practice. However, there were no supporting care plans in relation to Deprivation of Liberty applications. Staff received appropriate training and an annual appraisal of their work performance. We were told the manager was due to arrange supervision meetings with staff. People's healthcare needs were recorded in their care plan. However, staff were provided with inconsistent advice about monitoring 2 people's blood sugars, and were not maintaining a consistent record. Some areas of the home looked worn and damaged and would benefit from redecoration and refurbishment.

People's rights to privacy and dignity were not always promoted and upheld. We noted people's bedrooms were not always well presented and apart from 1 bedroom there were no curtains at windows. Whilst there were blinds, these were not in a good condition. We also noted there was no privacy glass on a bathroom window. People were satisfied with the care provided and we observed caring interactions throughout the inspection.

The provider had arrangements for planning care, however, one person did not have a care plan accessible to staff and other people's care plans had not always been reviewed and updated. We noted the manager was in the process of developing new care plans which were stored on the computer. We made a recommendation about ensuring up to date care plans were readily accessible to staff. We saw limited evidence to demonstrate people were involved in the development and review of their care plan. People had few opportunities to participate in activities. Although there were arrangements for monthly discussions

with people, records indicated these had not always taken place. The deputy manager assured us the discussions would be reinstated.

Whilst the management team had carried out a series of audits as part of the governance systems, we found a number of shortfalls during the inspection in respect to the management of risks and medicines and the maintenance of records. We also found people were given limited opportunities to express their views. There was evidence of only one residents' meeting during 2022. Whilst the nominated individual explained satisfaction surveys had recently been distributed, we saw no evidence of previous surveys.

The manager was away on annual leave at the time of the inspection. Following our visit, the nominated individual sent us an action plan setting out their response to the inspection findings.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection

The last rating for this service was good (published 22/11/2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

The overall rating for the service has changed from good to requires improvement based on the findings of 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 COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Margaret House Care Home Ltd on our website at www.cqc.org.uk.

Enforcement and Recommendations

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 and will take further action if needed.

We have identified breaches in relation to the management of risks and medicines and the governance and record keeping systems. We also made a recommendation about making sure up to date care plan information is readily accessible to staff. 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 from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 House Care Home Ltd

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 Health and Social Care Act 2008.

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

Two inspectors undertook the inspection on the first day and 1 inspector visited the service on the second day.

Service and service type

Margaret House Care Home Ltd is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Margaret House Care Home Ltd is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced on the first day.

What we did before the inspection

We reviewed information we had received about the service, such as notifications. These are events that happen in the service that the provider is required to tell us about. We also sought feedback from the local authority.

The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed how staff provided support for people to help us better understand their experiences of the care they received. We spoke with 8 people living in the home, 2 members of staff, the deputy manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a visiting healthcare professional.

We had a tour of the building with the deputy manager and reviewed a range of records. This included 4 people's care documentation, 2 staff files and a sample of people's medication records. We also reviewed a range of records relating to the management of the service.

After the inspection

The provider sent us an action plan in response to the findings of the inspection, the fire risk assessment and an action plan in relation to the fire arrangements. They also sent us documentation relating to new governance systems.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection, this key question was rated as good. At this inspection, the rating has changed 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.

Assessing risk, safety monitoring and management

- People were at risk from inconsistent and unsafe care.
- Individual risks to people's health and safety had been assessed and recorded as part of the care planning system. However, the risk assessments had not always been reviewed and updated.
- A series of environmental risk assessments had been completed, however, not all risks had been identified as a hazard. This included some windows without restrictors and wardrobes which were not fastened to the wall, as well as the electrical consumer unit and exposed wiring in the laundry area.
- Staff had not always completed records designed to monitor risks consistently. We noted staff had not consistently recorded 2 people's blood sugar readings as part of monitoring their diabetes.

The provider had failed to assess the risks to the health and safety of people receiving care and treatment and failed to do all that is practicable to mitigate the risks. This was a breach of Regulation 12 (1) (2) (a) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A prearranged fire risk assessment was being completed on the first day of the inspection. We were sent a copy of the risk assessment following the inspection, along with an action plan. As part of the inspection, we asked the local authority's fire and rescue service to visit the home to carry out an audit of the fire arrangements. The nominated individual took immediate action to address the identified issues.
- The provider had arrangements for routine repairs and maintenance of the premises and had plans to improve the building. The safety certificates pertaining to installations and equipment were complete and up to date.

Following the inspection, the nominated individual sent us an action plan in response to our findings. We were assured there were plans to fit window restrictors and fasten wardrobes to the walls. We will check any improvements on or next inspection of the home.

Using medicines safely

- People's medicines were not always managed safely.
- We found errors in the controlled drugs register and noted 1 drug had been given 'as necessary' when the prescription label stated the drug should be administered at scheduled intervals.
- Not all protocols for the administration of medicines prescribed 'as necessary' were reflective of the prescribed dose and one person's protocol referred to another person living in the home.
- There were limited instructions for the application of prescribed creams and pictorial body maps had not always been completed to guide staff on where to apply the creams.

- Whilst, the medicines fridge was operating the temperature probe was faulty and was showing an unusually high temperature.
- Medicines equipment had been left out in a person's bedroom and medicines' containers had not always been dated at the time of opening.

The provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the nominated individual sent us an action plan, which set out their plans to improve the management of medicines.

Staffing and recruitment

- The provider was in the process of introducing a new recruitment checklist and procedure. We found minor shortfalls in the recruitment records of two new staff. The deputy manager assured us these issues would be addressed.
- We observed there were sufficient staff deployed to meet people's needs. People told us there were usually enough staff on duty to meet their needs. One person said, "The staff are on hand if I need them."
- We looked at the staff rota and noted a consistent level of staffing was maintained.
- Existing staff and staff from a neighbouring care home filled in any gaps in the rota.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems and processes to safeguard people from abuse. Staff had completed training and were aware of the reporting procedures. The safeguarding policy and procedure were reviewed and updated during the inspection.
- People told us they felt safe in the home. One person told us, "The staff are kind and look after me."
- The staff completed accident and incident forms which were checked by the manager. However, we noted monitoring forms had not been completed following 1 person experiencing a fall.
- We saw the last analysis of accidents and incidents was on 1 July 2022, it was therefore difficult to determine any ongoing lessons learned.

Following the inspection, the nominated individual sent us an action plan which advised us a new governance system was being implemented. This will ensure accident data is analysed at regular intervals.

How well are people protected by the prevention and control of infection?

- We conducted a tour of the building, observed staff practices and discussed the infection prevention control arrangements with the deputy manager.
- We were assured the provider was admitting people safely to the service.
- We were assured staff were using personal protective equipment (PPE) effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff, as appropriate.
- We were assured the provider was making sure infection outbreaks could be effectively managed.
- We were assured the provider's infection prevention and control policy was up to date and was being reviewed regularly.
- We were assured the provider was promoting safety through hygiene practices of the premises.

Visiting in care homes

People were supported to have visitors and maintain contact with their friends and families in line with government guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection, this key question was rated as good. At this inspection, the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff understood the relevant requirements of the MCA and confirmed they asked for people's consent before providing care and support.
- Appropriate DoLS applications had been submitted to the local authority and copies had been added to people's files. However, we saw no supporting care plans setting out the reasons for the applications and the least restrictive options of care. We also saw no evidence of best interests meetings.
- Two people had an authorised DoLS, one with conditions. The deputy manager confirmed the conditions were met.

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

- People's physical and mental health care needs were documented within their care plan. However, staff were provided with inconsistent advice about the monitoring of 2 people's blood sugars and were not always maintaining a consistent record.
- People were supported to access to healthcare services. However, we saw no records of people attending the dentist.
- Staff worked with other agencies and shared information when people moved between services such as admission to hospital or attendance at health appointments. We spoke with a healthcare professional during the inspection who provided us with positive feedback about the service.

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

- The service is provided in a detached building set in its own grounds. Some areas of the home looked worn or damaged and would benefit from redecoration and refurbishment.
- Whilst people could personalise their rooms with their own belongings, there were some items which required repair or replacing to ensure the comfort and safety of people living in the home. This included missing handles on drawers and wardrobes.
- The nominated individual was aware of the shortfalls in the environment and told us they planned to make the necessary improvements to the building.

Following the inspection, the nominated individual sent us an action plan setting out the timeframe for the planned improvements. New environmental checklist audits were due to be introduced.

Staff support: induction, training, skills and experience

- People were complimentary about the staff team. One person told us, "I really like the staff. They are very kind."
- Staff confirmed they were provided with appropriate training which was refreshed at regular intervals. The manager monitored staff training and maintained a record.
- Staff were invited to attend group meetings and confirmed they had received an annual appraisal. However, staff had not had a supervision meeting for some time. We were assured the manager was in the process of arranging the meetings.

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

- People were satisfied with the food provided. One person told us, "The food is very good. We always get a choice." A pictorial menu was clearly displayed in the dining room.
- People were supported to maintain a balanced diet. Risks to their nutrition and hydration had been assessed and documented in their care plan. However, food and fluid intake charts were not consistently completed.
- We observed people's lunchtime experience on the first day of the inspection. The meal looked appetising and well-presented.

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

- Whilst there was a pre-admission assessment form available, there was no completed assessment seen for one person who had recently moved into the home.
- People were invited to visit before making the decision to move in, to enable them to sample life in the home.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our inspection, this key question was rated as good. At this inspection, the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- People's rights to privacy, dignity and respect were not always promoted and maintained.
- People were afforded privacy in their own bedrooms; however, only 1 bedroom had curtains and other bedroom windows were fitted with vertical blinds. In many cases the blinds had parts which were broken, and some did not operate properly. We also noted there was clear glass in the bathroom window. This meant if people forgot to use the blinds, their privacy could be significantly compromised.
- People's bedrooms were not always well presented, 2 people's bedcovers had stains or marks on them, there were pillows without pillowcases and one bed did not have a headboard. One person also told us their mattress was uncomfortable.

Following the inspection, the nominated individual sent us an action plan. This set out immediate plans to upgrade the decoration, furniture and soft furnishings in people's bedrooms.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and were consulted daily on their preferred routines and choices. Staff included people in decisions about their care and gave people time to voice their wishes. However, we saw limited evidence to demonstrate people were involved in the development and review of their care plans.
- The provider had developed a residents' guide. The guide provided information about what people could expect from the service. However, some of the details were out of date and did not reflect the current circumstances. The guide was updated during the inspection.

Ensuring people are well treated and supported; respecting equality and diversity

- People were satisfied with the care and support they received. One person commented, "The staff are brilliant. You can have a laugh and joke with them" and another person said, "The staff are pleasant and sociable."
- We observed sensitive and caring interactions between people living in the home and the staff.
- Staff spoken with during the inspection, understood their role in providing people with compassionate care and support. They were knowledgeable and respectful of people's diverse needs and had built positive relationships to support them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our inspection, this key question was rated as good. At this inspection, the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People' care was not always planned to ensure all their needs and preferences were met.
- The provider had arrangements for developing individual care plans, however, the plans had not always been updated and there was no care plan on file for 1 person living in the home. We noted many of the plans were brief and lacked details about people's needs and preferences.
- The manager had started to review the care plans and we saw there were care plans stored on the computer, however, these were not readily available to staff at the time of the inspection.
- The provider had plans to introduce a more thorough system of care planning and eventually planned to introduce electronic systems.

We recommend the provider ensures all up to date care plan information is readily accessible to staff.

- There were arrangements for people to discuss and record their end of life wishes, if they chose to do so.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us there were limited social activities available in the home. One person commented, "There are no activities. I usually watch television or listen to music" and another person told us they were often 'bored'.
- We checked people's care records and found watching television had been recorded as an activity.
- Whilst there were arrangements for staff to have 'monthly chats' with people living in the home, these had not always taken place. We were assured by the deputy manager regular recorded chats would be reinstated on a monthly basis.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider understood people's right to have information presented to them in an accessible manner, such as larger print documents or in a pictorial format.
- There was a section in the care planning documentation to provide staff with information about people's

communication needs. However, up to date information was not always available to staff.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and arrangements for investigating and resolving complaints.
- We were aware the manager had investigated a complaint, however, the issues raised had not been recorded in the complaints log.



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 our last inspection, this key question was rated as good. At this inspection, the rating has changed 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

- The provider had systems and processes to assess and monitor the service; however, these were not always effective. Whilst the management team had carried out a series of checks and audits, we found some people's records were incomplete and care plans were not always reviewed and updated. There were also gaps in people's daily monitoring charts such as food and fluid intake and risks to people's health, safety and wellbeing were not always identified, assessed and monitored. In addition, there were shortfalls in the management of medicines and people's bedrooms were not well presented.
- We saw there were 4 oversight reports completed by the provider, however, the quality of the overall service had deteriorated since the last inspection.
- Given the findings of the inspection and the absence of effective audits it was difficult to determine continuous learning and ongoing improvement at the time of the visit.

The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. The provider had also failed to maintain accurate, complete and contemporaneous records in respect of each person. These findings constituted a breach of Regulation 17 (1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the nominated individual sent us an action plan which included information about a new governance system covering all aspects of the operation of the home. The nominated individual also assured us they were committed to making the necessary improvements to the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People told us they were consulted about daily aspects of their care. However, we saw evidence of only 1 residents' meeting during 2022 This meant people had limited opportunities to express their views on the service.
- The nominated individual told us a satisfaction survey had been distributed to people living in the home, relatives and staff on 26 September 2022. We saw no evidence of previous satisfaction surveys.
- Staff had been invited to attend group meetings which enabled them to discuss the operation of the home.
- The manager and staff worked in partnership with external agencies to learn and share knowledge and information which promoted the development of the service.

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

- People living in the home and staff were complimentary about the manager and told us she was approachable and supportive. The manager was away on annual leave during the inspection; however, the nominated individual advised us the manager was due to apply for registration.
- The management team promoted a positive culture had a commitment to achieving good outcomes for people living in the home.
- The nominated individual understood their responsibilities under the duty of candour and was open about the areas requiring improvement at the service and the work they were doing and planning to address shortfalls.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess the risks to the health and safety of people receiving care and treatment and failed to do all that is practicable to mitigate the risks. Regulation 12 (1) (2) (a) (c)</p> <p>The provider had failed to ensure the proper and safe management of medicines. Regulation 12 (g)</p>
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 had failed to operate effective systems to assess, monitor and improve the quality and safety of the service. The provider had also failed to maintain accurate, complete and contemporaneous records in respect of each person. Regulation 17 (1) (2) (a) (b) (c)</p>