The Healthcare Management Trust

Marie Louise House Nursing Home

Inspection report

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20 August 2020

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Marie Louise House Nursing Home is a service providing care and support for up to 51 older people. The home is located in Romsey.

People's experience of using the service
Medicine administration was not always carried out safely or in line with best practice guidance.

Falls were not always investigated appropriately and records relating to falls were not always documented robustly.

We could not be assured the deployment of staff was safe or suitable to regularly engage people in meaningful activity.

Whilst the provider had good arrangements in place to assess the risk of COVID-19, further improvement was required to promote social distancing.

Although management had taken action from our feedback, further improvement was required to ensure all staff had received up to date training in respect of infection prevention and control.

Records relating to care and treatment required improvement to ensure documents were accurate and reflected the care provided.

The provider had effective procedures in place to safeguard people from possible abuse.

Lessons had been learned from previous incidents and new learning tools had been put in place to improve the quality of care provided.

People consistently told us they received pain medicine when they needed it.

People told us they received good quality meals and were encouraged to choose what they wanted.

Staff worked effectively with external healthcare professionals who were complimentary about the service and the clinical treatment provided.

Support, supervision and competency assessments were carried out frequently and staff told us they could access support when they needed it.

The management team of the service were open, honest and had worked hard to develop robust systems to ensure people remained safe.

The interim manager and the quality lead were aware of areas where the home required improvements. Governance systems were effective in identifying this.

Rating at last inspection
We previously inspected the service on 28 and 29 March 2018 and rated the service good.

Why we inspected
The inspection was prompted in part due to concerns received about catheter care, falls management, pain management, nutrition and hydration. A decision was made for us to inspect and examine those risks.

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

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

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 effective?

Good

The service was remained effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Marie Louise House Nursing 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.

Inspection team
The inspection visit was carried out on 18 and 20 of August and was conducted by two inspectors and a nurse specialist advisor. Three other inspectors supported the inspection by conducting phone calls to obtain feedback from people, relatives and staff.

Service and service type
Marie Louise House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of our inspection the service did not have a manager registered with the Care Quality Commission. However, suitable arrangements were in place to ensure safe management of the home. After our inspection we received communication from the provider advising us a permanent manager had been recruited and they would be applying to become registered with CQC.

Notice of inspection
This inspection was announced.

What we did before inspection
When we announced the inspection, we requested information relating to the management of the service

and documents with regard to the safety and the effectiveness of the care provided. We requested contact details for staff, people using the service, their relatives and external healthcare professionals who were familiar with the quality of care provided. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used information from complaints and details within notifications sent to us by the provider. We used all of this information to plan our inspection.

During the inspection
We spoke with the Interim Care Home Manager (Operations Manager (Care Homes) & Health & Safety Lead), the Quality Improvement Manager, three unit managers and the administrator. During and after the inspection, three inspectors carried out phone calls to obtain feedback. One inspector spoke with 11 members of staff, another inspector spoke with six people who used the service and another inspector spoke with four relatives. Before the inspection, during and after the inspection we reviewed a range of records including governance documents, complaints, safeguarding records five people's care plans and risk assessments, pain management protocols, falls management reports, the management of medicines and training and supervision documents. We reviewed quality assurance reports and improvement plans and well as route cause analysis reports relating to accidents, incidents and complaints.

After the inspection
We continued to seek clarification from the provider to validate evidence found. The Interim Manager was very co-operative and supportive of the inspection and continued to take action and update us on improvements they had made resulting from our inspection feedback.

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 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.

Assessing risk, safety monitoring and management

● Whilst staff were knowledgeable about the action they would take, we could not be assured appropriate steps were taken to consistently investigate falls. For example, a staff member documented one person had a swollen right ankle. The record stated, 'to monitor' and to 'let GP know if necessary'. We found no further records that demonstrated investigations or further assessment had been carried out. There was no record that a review of their care plan or their risk assessment had been conducted.

● Another record detailed someone had a fall. Documents demonstrated staff had not monitored the person's welfare effectively. The providers clinical observation protocol was not followed, and no body map was completed to document bruising on the person's left shin.

● Another person had fallen on 11, 12 and 14 August 2020. Their latest falls risk assessment had been completed on 7 August 2020. The computer system used to record the delivery of care and document falls stated a review was next due on 7 September 2020. There was no record showing the person's risk assessment had been reviewed since the series of falls.

People were not protected from the risks associated with falls. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff were aware of the action to take should a fall occur. They said, "For a fall you call for emergency within the home so other staff come to support, if they are on the floor make them comfortable and complete assessment, check for suspected fracture, follow falls protocol and call 999 if concerns. If they are not injured complete monitoring and neurological observations, make GP aware for post-falls check and complete incident form so the fall can be investigated"

● Staff had good knowledge of the people they supported. They were aware of risks associated with their care, how to monitor these and the actions to take to reduce these risks, meaning that the risk to people was minimised.

● Risk assessments provided effective guidance for staff to follow in the event of behaviours which may challenge others.

● People and relatives provided positive feedback about risk management. When asked about identifying if a person was unwell or in pain, one relative said, "Yes they do pick this up, he has bad times in the late afternoon and early evening when he can be more agitated, they are looking a new medication for this"

● Equipment such as hoists and fire safety equipment were serviced and checked regularly.

● There was a business continuity plan in place that advised staff on the action to take in the event of emergency situations such as staff emergencies, heat-waves, flood, fire or loss of services. This also included

information about evacuating the premises, alternative accommodation and important telephone numbers. There were also personal emergency evacuation plans (PEEPs) in place which recorded the support each person would need to evacuate the premises in an emergency.

Using medicines safely

● Medicines were not always administered at the correct times. When reviewing the electronic system of medicine administration for one person, it revealed their oral medicine was not administered overnight or in the morning at the times they required it. It was regularly administered an hour late. Not administering the medicine at the correct time for this person significantly increased their risk of experiencing pain and increased parkinsonian symptoms. We informed the management team about this and told them this should be prioritised.

● To avoid being distracted, the nurse wore a 'do not disturb' tabard when conducting the medicines round. We observed the nurse simultaneously managing phone calls whilst administering medicine. This was a distraction and increased the risk of error.

● On one occasion the nurse left the drug keys unattended on the top of the drug trolley whilst they left the room. On another occasion the nurse also left the keys in the lock of the drug trolley whilst they went into a persons' room. This was not safe practice as anyone could have accessed the drugs.

People were not protected from the risks associated with the management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● After we provided feedback, the manager contacted us advising they had commenced an investigation into the medicine concerns we identified.

● Staff had received training in how to administer medicine safely and competency assessments were carried out on regular occasions.

● People told us they received medicine such as paracetamol when they were in pain.

● A member of staff said, "We have e-learning and medicines is not on PCS it's on Atlas (hand-held device used for the safe administration of medicines). We have training about safe handling of medicines, administration, ordering, disposal and basic training. As unit leader we observe our nurses to be competent, my previous manager observed me".

Staffing and recruitment

● Feedback did not consistently assure us staff were always appropriately deployed. Comments included, "Place is a good place but sometimes let down by things like short staffing, it causes risk for staff and residents. Especially the dementia ward only two people sometimes and it has quite a few residents wandering. It regularly happens and sometimes they know that there's a shortage with staff and it seems they can't be bothered to do something about it", "Sometimes feels everything is on your shoulders, weekends the most, nights it's fine", "Sometimes on the caring side they seem to be short-staffed, that's what the carers say anyway."

● Staff told us more of them could be deployed to ensure activities were frequently available for people. One staff member said, "The activities team are very poor, the residents are not getting stimulation, it's been going on a while, there have been issues with staffing, they (people) are so bored and almost always wandering around." and "They've got nothing to do."

● The quality improvement manager advised us they were in the process of recruiting one nurse, five healthcare workers and three non-clinical staff.

● Safe recruitment processes remained in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment

referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post.
● A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.
● Checks to confirm qualified nursing staff were correctly registered with the Nursing and Midwifery Council (NMC) were also held on file. All nurses and midwives who practice in the UK must be on the NMC register.

Systems and processes to safeguard people from the risk of abuse
● The service had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to.
● Feedback from people, relatives and staff included, "Things like maybe the resident has not had proper care they need or they have unexplained bruising. Or it could even be small things; not safeguarding things like food and fluid intake issues that we need to report and if not able to deal with escalate to GPs for resident's safety and care" and "I do feel safe here". When asked about reporting possible abuse, one staff member said, "If nothing is done you go to the next person or report to Safeguarding or CQC if nothing is done".

Preventing and controlling infection
● Staff in the service understand the principles of isolation, cohorting and zoning. However, whilst social distancing had been put in place during mealtimes, we fed back to the manager this needed to be actioned in communal lounge areas. We observed people sitting closely to each other which could increase the risk of an infection spreading.
● Not all staff had received appropriate training in relation to infection control. Compliance with online mandatory Infection Prevention Control training was at 76.83%. We told the manager and the quality improvement manager this needed to improve. After out visit, the manager contacted us telling us more staff had undertaken IPC training and the level of compliance had increased to 88%.
● The provider was participating in a COVID-19 testing program for people and staff members.
● The service had sufficient and adequate supply of personal protective equipment, (PPE). Staff used PPE correctly and in accordance with current guidance. One person said, "They know what they are doing to keep the virus out." A relative told us the home had been 'really organised with the COVID-19 visiting' and she was aware that they were regularly testing the residents and staff.
● The service had adequately taken measures to protect clinically vulnerable groups and those at higher risk because of their protected characteristics.
● The service knew where to go for advice should there be an outbreak – which authorities and what their role and responsibilities are.
● We observed the home to be clean, tidy and free from any unpleasant odours.
● Staff had undertaken training in relation to COVID-19. Comments from staff included, "I've done the infection control and the one about PPE equipment. It's really about wearing a mask all the time and then the other PPE equipment when you need it and keeping things clean" and "Yes I've had that it was an e-learning and a booklet, it's really important and [name] is always on about that in the kitchen. With the pandemic we've had to sanitize everything a lot more, a lot of handwashing and cleaning and we had a barrier between the kitchen and care staff because where they're going into people's rooms and we're preparing the food it's better".

● Visitors to the home were socially distanced and risk assessments were conducted prior to entry.
● The manager told us people were placed in social bubbles to reduce the possibility of any virus spreading.

Learning lessons when things go wrong
● The management team acknowledged lessons had been learned from previous incidents and complaints. For example, following a route cause analysis regarding recent urinary catheter problems, the management team had created a teaching tool and a competence assessment for care and nursing staff. Records showed healthcare and nursing staff had been scheduled to attend catheter care training in September 2020.
● We identified further improvements were required. Urosepsis is a high-risk complication of urinary catheter management. The catheter system is a 'closed circuit' to prevent infection. Each time the drainage bag is emptied this increases the risk of infection. Each time the urine drainage port is accessed there is a risk of contamination. We found several of the catheter bags were being emptied frequently when there was very little urine. We identified conflict in relation to the cleaning of the drainage port. We fed these concerns back to the management team who told us they would take action. We found no evidence to demonstrate people using a catheter were subject to any pain or discomfort.

Good

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were completed before people moved to the home. These identified people's needs and the choices they had made about the care and support they wished to receive.
- Staff delivered care and support in line with best practice guidelines; for example, they used nationally recognised tools for assessing the risk of skin breakdown and the risk of malnutrition. The Abbey Pain Scale was used to support staff to identify when someone may be in pain and what actions to take. A healthcare professional said, "I have never seen anyone in pain". A member of staff said, "We have a pain assessment we use so it gives prompts and scores and depending on level we will give prescribed medicine or contact the GP. For example, if paracetamol has been given but pain is not relieved".
- Another member of staff said, "Working in a care home we have the privilege of knowing residents so there are signs assessing them, it's observing and thinking are their behaviours different, if they can tell, you ask them and sometimes residents might not give a reliable answer might say 'no' but you can see pain. Perhaps moving they wince or make a sound that they are not comfortable. On the system we have a prompt to check pain".

Staff support: induction, training, skills and experience

- Staff continued to be supported in their role and had been through an induction programme. This involved attending training sessions and shadowing other staff. The induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.
- There was an on-going programme of development to make sure that all staff were up to date with required training subjects. Examples of these included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding, and food hygiene. More specific subject areas of training had been provided to staff. For example, dementia awareness and diabetes and where an additional needed was identified following incidents this was also delivered to staff.
- Comments from staff included, "Supervision is usually as we need. I would say for me as an Admiral Nurse, every month I have supervision with Dementia UK. Otherwise, with Marie Louise House is between every 1 month to every 3 months, and in between group supervision. It depends, sometimes across the board nurses and carers or if specific issues just nurses. Not yet had an appraisal due to start in August" and "Yes, I do lately with the quality people, and we have a unit leaders' group so we talk about any incidents or complaints. We have written copies and we sign them. Supervision is really supportive and really important we can breakdown what happened".

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

● People were protected from risks of poor nutrition, dehydration and swallowing problems. Where people required their food to be prepared differently because of medical need or problems with swallowing this was catered for.
● People's nutritional status was monitored, and action taken where a person was losing weight. A Malnutrition Universal Screening Tool (MUST) and Waterlow scores were regularly reviewed. A waterlow score gives an estimated risk for the development of a pressure sore. Any person who had weight loss was monitored and action taken to maintain wellbeing.
● Staff were knowledgeable about people's different dietary requirements. Kitchen staff were kept informed of people's needs, likes and dislikes.
● People's care plans highlighted people's food preferences.
● Menus were personalised to people's needs and preferences and people received a balanced diet.
● Throughout the inspection, we observed that people were offered drinks and snacks regularly.
● Where people were supported to eat, this was done in a relaxed and encouraging manner.
● To promote social distancing only one person was seated at each table when having their meal.

Adapting service, design, decoration to meet people's needs
● The design and layout of the premises continued to meet people's needs. There were a range of pleasant areas where people could choose to spend their day or entertain visitors. People's rooms were spacious and could be furnished with their own personal possessions. There was a small secure outdoor garden with level paths and seating available for people to use and a larger patio area. The larger piece of land 'The Meadow' is an integral part of the care homes facilities and is available to use for people, relatives and visitors.
● To ensure social distancing measures were respected, the manager had introduced safe areas for people's loved ones to visit. We observed one person sitting at a table in the garden area with their relative at a safe distance from them. There were markings on the flooring to instruct relatives where to sit. In a room inside the home we observed a table with a Perspex screen in the middle which was also used for visitors.

Supporting people to live healthier lives, access healthcare services and working with other agencies to provide consistent, effective, timely care.
● Staff worked well with healthcare professionals to ensure people's healthcare needs were met effectively and consistently. We heard one person having a dental visit arranged and another person went to visit the optician. Records demonstrated evidence of speech and language therapy, (SLT), input and good communication with a local hospice.
● Records showed people had seen GPs, dentists, opticians, district nurses, specialists, and chiropodists when required and when possible.

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 Act 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). Where the service is currently depriving a person of their liberty, whether under a Deprivation of Liberty Safeguards (DoLS) authorisation or under authorisation from the Court of Protection: we checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had

the appropriate legal authority and were being met.

● Applications for DoLS had been submitted to the supervisory body responsible for assessing and approving these.
● Staff were observed seeking consent from people before providing any care.
● Mental capacity assessments had been carried out where required and best interests' decisions made, involving peoples relevant representatives.

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. (Ensure there is a full stop at the end of the sentence)

At the last inspection this key question was rated as good. At this inspection this key question has 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

- The management team were open and honest about the quality of care being provided and told us the recording of information needed to be improved. We found documentation relating skin integrity, the management of medicines and falls was not always recorded accurately, and at times did not provide useful guidance. Governance systems were effective in identifying these areas of improvement. The manager said, "We need to get better at recording things".
- Relatives were complimentary about the management of the service. Comments included, "(Management) are highly skilled, they give me the impression they have been in the business a while, they know how to meet the regulations in terms of running a home and protocols for dealing with relatives, I would definitely recommend the home, they are absolutely first class, I would give them outstanding on my grade, I wish them well" and "Yes, the manager's been very helpful…. I had a few complications with my health and my little boy and they've been very supportive, as supportive as they can with following the policies and procedures. They've said if I ever need anything I can just come in and they'll help me as best they can".

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

- Regular senior leadership meetings took place to discuss the service, reviewing risks, policies and procedures, complaints and human resources. We saw detailed minutes and actions from these meetings, highlighting who was responsible for the action and the completion date.
- Staff had confidence to whistle blow, if they felt other staff had exhibited poor practice or were not working in line with the services value base.
- The management team had strong oversight of the service. When we asked questions about the service they replied promptly with in-depth responses. This demonstrated a thorough knowledge and understanding of the service. They continued to send useful information after the inspection which demonstrated a drive for improvement.
- Staff attended regular handover meetings. Information was provided verbally by sharing up-to-date detail about people's physical, emotional and medical needs and any changes. It was clear that staff knew people, their lifestyles and their medical needs well.
- Comments from staff included, "Yes we always have staff meetings and they always say if there's anything,

ask or say at the meeting, the door's always open" and "If I ever need anything the door is always open, we speak all the time and no question is ever not dealt with".

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

● Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice. In the absence of a registered manager the provider had effective arrangements in place to ensure reportable accidents were referred to the relevant organisations including CQC.

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

● People were involved in making decisions about the care they received. One person said, "Oh yes, I have been asked if I am happy with things. It's a bit tricky at the moment because of what's going on (COVID-19) but we are managing alright".

● Due to COVID-19 the home had restricted visitors and only healthcare professionals were able to regularly access the service during the height of the pandemic. People told us they understood the reason for isolating. One person said, "The staff are wearing masks and it can be a bit difficult to understand them at times, but it is purely for safety".

Working in partnership with others

● There was clear evidence in people's care records of liaison with multi professionals, including Speech and Language Therapy (SALT), GP, Mental Health Services, chiropody, dentist and opticians.

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 12 HSCA RA Regulations 2014 Safe care and treatment Medicine administration was not always carried out safely or in line with best practice guidance. Falls were not always investigated appropriately and records relating to falls were not always documented robustly.