

HC-One No.1 Limited

Market Lavington Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Market Lavington Care Home is a residential care home providing accommodation for persons who require nursing or personal care and treatment of disease, disorder or injury for up to 87 people. The service provides support to people over and under 65 years, people with physical disabilities and people living with dementia. At the time of our inspection there were 52 people using the service.

Accommodation was provided across 2 buildings on the same site. People had their own rooms and there were communal rooms available in both buildings, such as lounges, dining rooms and bathrooms. There was outdoor space available for people to use accessed from ground floors.

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

Medicines were managed safely but improvement was needed to make sure all medicines records were transcribed accurately. We have made a recommendation about this. People who needed their medicines regularly on time did not always experience this. We saw no impact for people of medicines being late. However, times of administration required a review. The registered manager told us they would act without delay to address this shortfall.

Some people relied on staff for their food and fluid as they were not able to do this for themselves. Records for fluids did not always demonstrate staff had offered or helped people to drink enough during very warm weather. The registered manager provided assurance this was a recording issue and people were being offered regular drinks. During our inspection the provider cascaded out a new dehydration risk tool for staff to use. The provider told us this tool, where needed, would be used to assess dehydration risks and staff would be provided with training on how to use it.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Risk management plans recorded measures in place for staff to follow. These were reviewed regularly and updated when needed. Health and safety checks were carried out and recorded. Staff and external contractors checked areas such as fire systems, moving and handling equipment and emergency lighting for safety.

The service was clean and smelt fresh. We observed staff using personal protective equipment safely. The provider had carried out a programme of refurbishment since our last inspection which had improved the environment. Communal areas had been redecorated and had new soft furnishings. Windows had been replaced and the outside space had been improved for people to enjoy sitting out in nice weather.

People could have visitors when they wished. People and relatives told us staff were caring and took time to understand and get to know people. People told us at times staff were busy and their call bells took time to be answered. We observed, during our inspection, there were enough staff available to meet people's needs and call bells were answered promptly. Staff we spoke with told us there was enough staff and the registered manager was able to increase staff if needed. Call bell response times were monitored and analysed by management. Staff had been recruited safely.

People's health needs were identified, and timely referrals made to local healthcare professionals. Feedback from healthcare professionals was positive and we were told improvements had been made to areas such as communication.

There was a registered manager in post who had notified Care Quality Commission (CQC) of events and injuries as required by law. There were systems to assess and monitor quality and safety. Staff carried out audits and any actions were added to the service improvement plan. The provider, central support staff and the registered manager took responsibility for making sure all identified actions were addressed.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 March 2021) and there was 1 breach of regulation 17. The 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 provider was no longer in breach of this regulation.

Why we inspected

We carried out an unannounced focused inspection of this service on 26 January 2021. A breach of legal requirements was found. The provider completed an action plan after that inspection to show what they would do and by when to improve regulation 17 (good governance).

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 which contain those requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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.

Recommendations

We have made 1 recommendation about handwritten recording of medicines.

Follow up

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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 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

This inspection was carried out by 3 inspectors 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 and/or personal care as a single package under one contractual agreement dependent on their registration with us. Market Lavington Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people and 2 relatives about their experiences of care received. We also spoke with the registered manager, deputy manager, clinical lead, area director and 6 members of staff. We reviewed care records for 14 people, including monitoring and medicines records. We also reviewed 4 staff recruitment files, incident forms, meeting minutes, falls summaries and analysis, quality monitoring records, safeguarding log, health and safety records, fire records and records for staff fire drills.

Following the site visit we spoke with a further 5 members of staff and 3 relatives on the telephone. We also spoke with 3 healthcare professionals for their feedback about the care and support provided.

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 we rated this key question requires improvement. At this inspection the rating has remained 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.

Using medicines safely

- People who had Parkinson's disease did not always have their medicines in a timely way. We found some medicines had been given later than the prescribed time. Whilst we saw no impact to people from this action, people with Parkinson's need time specific medicines to help manage Parkinson's symptoms. The registered manager told us she would review this without delay.
- Medicines with additional security requirements were not always recorded accurately when handwritten by staff. Whilst we saw no evidence of incorrect administration, the transcribing errors were not identified by the provider's medicines processes.

We recommend the provider reviews systems for checking handwritten transcribing for all medicines records.

- Since our last inspection the service had switched to an electronic medicines system. The registered manager told us this had been a positive step to help manage medicines safely.
- People with 'as required' medicines had protocols in place to provide staff guidance on how to administer this type of medicine.
- Staff had been trained to administer medicines safely and had their competence regularly checked. This helped to make sure people were administered their medicines safely.

Assessing risk, safety monitoring and management

- This inspection took place during a period of very warm weather. We reviewed fluid monitoring and daily records for people who relied on staff to help them drink. We found staff recording of fluid consumption was inconsistent. Some staff had recorded fluids offered and consumed, others had not recorded that any fluids were offered.
- We saw no evidence of people being dehydrated and nursing staff told us they monitored people's fluid output which was not a concern. The provider cascaded a dehydration risk assessment tool during our inspection which staff told us they would use to identify any risks.
- Risks to people's safety had been assessed. For example, risks for choking, moving and handling and developing pressure ulcers. Risk management plans were in place which staff had reviewed regularly.
- Equipment used by people for moving and handling was regularly checked and serviced. Health and safety checks were carried out and recorded. For example, the provider carried out regular checks to fire systems in the service and alarms were tested weekly.

Staffing and recruitment

At our last focused inspection, we found systems were not 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 was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- At our last inspection there were not enough staff to keep people safe and the provider had not taken action to mitigate risks. At this inspection this had improved, and we observed there were enough staff to meet people's needs.
- Feedback from people and relatives about staffing was mixed. Comments included, "There are enough staff in the home" and "They are understaffed and that is evident by the extended response to call bells and the lack of visibility of staff on the floor."
- The provider used a dependency tool to calculate staffing numbers, but the registered manager could add more staff to rotas if needed. The registered manager told us they did a daily walk around the home and monitored staffing during this time. They checked that people's care needs were being met and call bells were being answered appropriately.
- Recruitment had been successful and reliance on agency staff had reduced. Staff we spoke with told us there were enough staff available. Comments from staff included, "About 7 months ago it was hard work, we were using a lot of agency [staff], but now it is much better. I think there is enough staff now" and "The last few months the care staff numbers have gone up, we are getting to know people and have the same faces now. People get to know you and I think the continuity is better for people."
- Safe recruitment procedures were in place which meant all staff had checks carried out before working at the service. This included a check with the Disclosure and Barring Service and obtaining references from previous employers. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe, and people told us they felt safe. Comments included, "I feel really safe with the staff. They are really good and help me lots" and "They [staff] look after us very well, and yes, I do feel safe."
- Staff had received training on safeguarding processes and told us they would report any concerns about abuse to the registered manager. Staff also told us they would use the providers whistle blowing procedure if they observed poor care practice.
- The registered manager understood their responsibilities in relation to safeguarding and told us they would report any concerns to the local authority safeguarding teams and CQC.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Incident forms had been completed and actions taken in response to aim to reduce risks and prevent recurrence. Actions were cascaded to staff teams via daily 'flash' meetings and use of reflective practice.
- For example, following a recent safeguarding incident the provider and registered manager had implemented a pain scale tool for nursing staff to use. This tool helped nursing staff to assess pain levels for people with dementia who might not be able to communicate easily. The registered manager told us introducing the tool was part of the learning from the incident, they had also discussed and reflected as a team on what they could do better.
- Lessons learned from across the providers services were shared with all staff and the registered manager was able to attend meetings with other registered managers to share experiences.

Visiting in care homes

- People were able to have visits from family and friends without restrictions.

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 we rated this key question requires improvement. At this inspection the rating has changed 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; Continuous learning and improving care

At our last focused inspection, the provider had failed to have 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 people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- At our last focused inspection, we found there were not enough domestic staff employed. This meant care staff were having to carry out domestic duties which impacted on their ability to provide care. The provider had not used agency staff to cover domestic staff vacancies consistently. At this inspection this had improved. There were no vacancies in the domestic staff team and we saw the home was clean throughout.
- At our last focused inspection there were concerns about the environment as areas had not been maintained and could not be cleaned thoroughly. At this inspection this had improved. The provider had carried out a refurbishment which included redecoration and replacement of soft furnishings.
- At our last focused inspection, we found an inconsistent approach to support people experiencing distress reactions and not all safeguarding incidents had been reported to the local authority. At this inspection this had improved. The provider had a new clinical dementia team who were able to offer staff support and guidance where needed.
- The registered manager also told us there was a multi-agency specialist weekly call with external professionals which gave staff access to expertise for older people's health and wellbeing. Staff were able to attend with particular issues around behaviour or wellbeing and seek specialist advice.
- Governance systems were in place to ensure all incidents were recorded and shared with relevant agencies such as safeguarding teams. The provider had good oversight of all incidents, accidents and events which helped to make sure notifications to CQC were submitted.

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

- At our last focused inspection, we found changes in management had been unsettling for people,

relatives, and staff. Communication systems had not been effective and there was a disconnect between the provider and some staff. Concerns were regularly raised about not having enough staff available.

- At this inspection we found improvement had been made. The registered manager had been at the service since the last inspection and had brought consistency and stability to the service. Staffing had improved and staff told us they felt listened to. One member of staff told us, "I do feel valued, the management always say thank you, or they tell you when you have done well."
- Feedback about the management team from people, relatives, staff, and professionals was positive. Comments included, "[Deputy manager] is brilliant, bubbly and really reassuring" and, "[Registered manager] is really hands on, if you need anything she is there, she is approachable."
- People and relatives told us the care staff were kind and they felt the care provided was person-centred. Comments included, "Staff are very good at making sure [relative] has heard them and understands and that they have understood what [relative] is asking", "[Relative] really likes the staff, they have gone above and beyond to help" and, "They [staff] have treated [relative] with dignity, respect and care."
- People and relatives were able to share their views in meetings and surveys and suggest ideas for improvements. For example, people wanted to have a visit regularly from a therapy dog. This had been organised and people now had visits from a therapy dog which they enjoyed. Relatives raised concerns about laundry going missing. The registered manager organised systems to discreetly tag clothes and make sure people had a washing bag.
- Staff had regular meetings to share information and suggest ideas for improvements. Staff we spoke with told us there was good communication amongst the staff team. Comments included, "We talk to each other, there is good communication and morale is good" and "We have regular staff meetings, if we need anything else we can arrange a meeting when required."
- Systems were in place to make sure staff had support with their wellbeing. For example, there was a member of staff identified as a wellbeing adviser. They had time to spend with staff to discuss any wellbeing issues. One member of staff said, "We have [staff member] who has trained as a wellbeing adviser, you can go to them confidentially with personal or work issues. It is nice to know you can go to [staff member], they have a good listening ear."

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

- The provider had a duty of candour policy, and the registered manager understood their responsibilities to be open and transparent.

Working in partnership with others

- Staff worked with various agencies to make sure people's health needs were met. The registered manager told us the service had support from 2 local GP surgeries. GPs carried out weekly planned visits but would also visit in the interim if needed.
- Feedback received from professionals was positive and all recognised the service had improved. Comments from professionals included, "I get good feedback from [staff]. If I ask them, they give me basic information and they know their residents well. [Deputy manager] gives a good overview, she knows people well" and, "The relationship is better, staffing is better, the building is good and the reliance on agency staff is much less."