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Marsh House

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?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Marsh House provides personal care for up to 33 adults. Nursing care is not available at this location. The home is situated in a rural area close to the towns of Chorley and Leyland. However, Preston and Wigan are also within close proximity.

Some of the bedrooms have en-suite facilities. There is a large dining room, communal areas, hairdressing room and conservatory available for people living at the home. The grounds are well maintained with seating and patio areas. These are accessible for those who use wheelchairs and there is also a stair-lift in place. Public transport links are available and ample car parking spaces are provided. Marsh House is owned by Mark Jonathan Gilbert and Luke William Gilbert and is regulated and inspected by the Care Quality Commission.

This unannounced inspection was conducted on 26th November 2014 and was carried out by one inspector from the Care Quality Commission.

The registered manager of the home was on duty when we visited Marsh House. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are

Summary of findings

'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

At the time of this inspection there were 31 people who lived at Marsh House. We were not able to converse with some of those who used the service. However, we did manage to speak with eight people and three of their relatives. We asked people for their views about the services and facilities provided. We received some positive comments from those we spoke with. However, people on the whole were dissatisfied with the standard of food served. One person told us, "We are very, very, very lucky to be here. The staff are very helpful. It is near excellence, except for the food, which is alright I suppose, but it is nowhere near as good as it used to be; now they have gone onto this new food. It is delivered in packs. I don't know why the chef can't cook fresh food, like he used to. He is a great chef!"

Changes to the provision of meals had been made since our last inspection. This area was discussed with the management team and the chef at the time of our visit. We also found people who were at risk of poor nutrition were not always sufficiently monitored.

This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

The staff team were well trained and had good support from the management team. They were confident in reporting any concerns about a person's safety and were competent to deliver the care and support needed by those who lived at the home. Recruitment practices were robust, which helped to ensure only suitable people were appointed to work with this vulnerable client group. However, Disclosure and Barring Service (DBS) checks were not routinely conducted again following employment. DBS checks help the provider to ensure people who are to be appointed are fit to work with vulnerable people in order to protect them from harm.

We recommend that DBS checks are conducted periodically for all staff members, to help to ensure people who live at the home are continuously protected from unsuitable employees.

The premises were reasonably safe, although some areas needed minor maintenance work doing. Equipment and systems had been serviced in accordance with the manufacturers' recommendations, to ensure they were safe for use. This helped to protect people from harm.

We recommend that a full audit of the premises be conducted and any areas requiring maintenance work should be addressed, in order to enhance the environment for those who live at Marsh House.

We noted the domestic worker's trolley containing substances hazardous to health, was left unattended in the first floor corridor. This area of risk needed to be addressed, as this could have had potentially had serious consequences, should someone who lived at the home ingested some of the easily accessible chemicals. We also identified some areas of risk within the environment, such as sloping bedroom ceilings and a sloping corridor floor. These areas of risk were not supported by risk management strategies, in order to reduce to possibility of harm or injury to those who used the service.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

One visiting professional told us, 'During the time I was visiting Marsh House I never had any cause for concern. I only visited one patient but the lady concerned always seemed very content and got on well with the staff. Whenever I visited the unit always seemed fairly well staffed and there was always a member of staff available to chaperone during the visit, which was a big help if I needed any information regarding medications and it also made the lady I was visiting feel more relaxed. The staff were always very helpful and seemed to know the residents very well and the environment was generally clean and clutter free.'

The planning of people's care was based on an assessment of their needs, with information being gathered from a variety of sources. However, evidence was not available to demonstrate that people who lived at the home, or their relatives, had been involved in making decisions about the way care and support was

Summary of findings

being delivered. We made a recommendation that systems be reviewed to ensure the manager could demonstrate people had been enabled to be involved in the planning of their care.

Regular reviews of needs were conducted with any changes in circumstances being recorded well. Areas of risk had been identified within the care planning process and assessments had been conducted within a risk management framework, which outlined strategies implemented to help to protect people from harm. People were supported to maintain their independence and their dignity was consistently respected. Staff were kind and caring towards those they supported and people looked comfortable in the presence of staff members.

Staff we spoke with told us they received a broad range of training and provided us with some good examples of modules they had completed. They confirmed that regular supervision sessions were conducted, as well as annual appraisals. They also told us they felt well supported by the manager of the home and were confident to approach her with any concerns, should the need arise.

Summary of findings

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 consistently safe.

At the time of this inspection there were sufficient staff deployed to meet the needs of those who lived at Marsh House. Relevant checks were conducted before staff were appointed to make sure only suitable people were employed to work with this vulnerable client group.

Robust safeguarding protocols were in place and staff were confident in responding appropriately to any concerns or allegations of abuse. People who lived at the home were protected by the emergency plans implemented at Marsh House.

The premises were maintained to a reasonable standard. However some minor repair work was needed. Infection control protocols were being followed, so that a safe environment was provided for those who lived at Marsh House. The domestics trolley was unattended, and other areas of risk were not well assessed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Although menu choices were available, the provision of meals had changed since the last inspection. The majority of people we spoke with were dissatisfied with the standard of food now being served. The others felt the food was edible, but not as good as it used to be. Those needing assistance with eating and drinking were provided with help in a discreet manner.

Records showed that people at risk of poor nutrition were not always sufficiently monitored.

The staff team were well trained and knowledgeable. They completed an induction programme when they started to work at the home, followed by a range of mandatory training modules, regular supervision and annual appraisals.

People's rights were protected, in accordance with the Mental Capacity Act 2005. People were not unnecessarily deprived of their freedom because legal requirements were followed.

Is the service caring?

Good

The service was caring.

Staff interacted well with those who lived at the home. People were provided with the same opportunities, irrespective of age, disability or belief. However, evidence was not available to show people had been supported to plan their own care.

Summary of findings

People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

People were respected, with their privacy and dignity being consistently promoted. They were supported to remain as independent as possible and to maintain a good quality of life.

Is the service responsive?

Good

The service was responsive.

People received person centred care. An assessment of needs was done before a placement was arranged. Plans of care reflected people's needs and how these needs were to be best met. Regular reviews were conducted, with any changes in circumstances being recorded well.

The plans of care were well written and person centred. Staff anticipated people's needs well. People we spoke with told us they would know how to make a complaint should they need to do so and staff were confident in knowing how to deal with any concerns raised.

Is the service well-led?

Good

The service was well-led.

Staff spoken with felt well supported and were very complimentary about the way in which the home was managed.

Well organised systems were in place for assessing and monitoring the quality of service provided, with lessons learnt from shortfalls identified.

Staff at the home worked in partnership with other agencies, such as a wide range of external professionals, who were involved in the care and treatment of the people who lived at the home. These included GPs, district nurses, chiropodists and specialist medical teams.

Marsh House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We also looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

We last inspected this location on 1st October 2013, when we found the service was meeting all the regulations we assessed.

This unannounced inspection was conducted on 26th November 2014 and was carried out by one inspector from the Care Quality Commission. Prior to this inspection we looked at all the information we held about this service, including notifications informing us of significant events, such as serious incidents, reportable accidents, deaths and safeguarding concerns.

The registered manager of the home had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before our inspection we reviewed the information provided within the PIR and we asked people who were involved with the service for their views about the overall operation of the home, such as GPs, community nurses, the local authority and specialist medical staff.

During this site visit we spoke with eight people who used the service and three relatives. We interviewed three members of staff and looked at the care records of five people who lived at the home. We 'pathway tracked' two of these people. This means we looked at people's needs and records relating to their care, from before they moved to the home to the current time We toured the premises, viewing a selection of private accommodation and all communal areas.

We conducted a Short Observational Framework Inspection (SOFI). This methodology has been introduced, so we can observe a small group of people for short time frames over a selected period of the day. This enabled us to observe and record the day-to-day activity within the home and helped us to look at the interactions between staff and those who lived at Marsh House. We looked at a wide range of records, including five care files, a variety of policies and procedures, training records, medication records, two staff personnel records and quality monitoring systems.

Requires Improvement

Is the service safe?

Our findings

We spoke with eight people who used the service. They all said they felt safe and were happy living at the home. Staff were described as being, 'courteous', 'caring' and 'kind'. We noted people looked comfortable in the presence of staff members, without any indication of fear or apprehension. They were talking together in a respectful way. People who used the service looked relaxed and content.

Recruitment practices adopted by the home were robust. Details about new employees had been obtained, such as application forms, written references and Disclosure and Barring Services (DBS) checks. Staff members told us that all relevant checks were conducted before they were able to start work and records seen confirmed this information to be accurate. We were told by the manager of the home that DBS checks were not routinely conducted again following employment. This did not help to ensure that all staff continued to be fit to work with this vulnerable client group.

We recommend that DBS checks are conducted periodically for all staff members, to help to ensure people who live at the home are continuously protected from unsuitable employees.

One of the external professionals, who submitted some feedback about the quality of service provided commented, "It would be reassuring to ensure staffing levels are appropriate, as sometimes staff morale appears low."

On the day of our inspection we looked at the staff rota and noted five care staff were on duty, including the registered manager and deputy manager. This number of staff seemed consistent throughout. We saw staff were observant and readily available to assist people, as they needed. The call bells were within easy reach of people and these were answered promptly. We found people's needs were being consistently met by a kind and caring staff team.

One member of staff told us she felt there were usually enough staff on duty. She commented, "On a day like today there are absolutely enough of us on duty, but sometimes it can be busier, if people need more attention." This member of staff told us that agency staff were never used, but if shortages occurred because of sickness or leave, then the permanent staff would take on extra shifts, so continuity of care could be maintained. This individual told us that staff morale was good.

Systems and equipment within the home had been serviced in accordance with manufacturer's recommendations. This helped to ensure the health and safety of everyone on the premises was promoted. A wide range of checks were regularly conducted, such as the emergency lights, fire alarm points, moving and handling equipment and hot water temperatures. This helped to ensure people were protected from harm. Clinical waste was being disposed of in accordance with current legislation and staff spoken with were fully aware of good practices in order to reduce the possibility of cross infection.

During our visit we observed an altercation between two people who lived at the home. The registered manager was quick to respond and was able to deflect the situation appropriately, in order to protect those involved from harm.

Staff told us they were confident in reporting any concerns they had about the safety of those who lived at the home. Records showed that staff had completed training in safeguarding adults. This helped to ensure the staff team were fully aware of action they needed to take should they be concerned about the welfare of someone who lived at Marsh House.

We saw people being transferred in wheelchairs with foot plates in position. This helped to protect them from injury, for example by getting their feet caught under the chair. Accident records were maintained in line with data protection guidelines. This helped to ensure personal information was retained in a confidential manner. We noted accidents were monitored and where a pattern was identified, evidence was available to show strategies had been implemented to prevent further accidents occurring. It was evident that action had been taken to help to reduce the number of regular falls experienced by one person who lived at the home. This involved specialist advice being sought and the provision of specific equipment. Records showed this action had decreased the amount of falls and therefore protected this person from harm.

During the course of our inspection we toured the premises and found the home to be clean and maintained to an

Requires Improvement

Is the service safe?

acceptable standard, with no unpleasant smells. We were told it had been recently decorated since the current organisation took over the operation of Marsh House. However, one visitor told us her relative's bedroom was not cleaned as regularly as they would have liked. We discussed this with the registered manager of the home, who confirmed there had been a problem with the employment of domestic staff, but that this issue was resolved by the recent appointment of an additional cleaner.

Minor work was needed to the premises in some areas, in order to enhance the environment for those who lived at the home. The flooring around the toilet base in the ground floor bathroom was in need of repair. The toilet hand rail in this bathroom was unstable and needed securing. There was a fixed wooden unit in this bathroom. The front panel of this unit was loose and in need of securing. The ensuite facility in the bedroom at the far end of the corridor on the ground floor had a hole in the false ceiling and a cracked floor tile, which needed attention.

We recommend that a full audit of the premises be conducted and any maintenance work be carried out in order to enhance the environment for those who live at Marsh House.

We noted the domestic worker's trolley was left unattended in the first floor corridor. This contained substances hazardous to health, such as toilet descaler, disinfectant, brass and copper polish. There were no staff in the vicinity of this trolley. Therefore, this could have posed a potential risk of ingestion for people who lived at the home.

We also noted several bedrooms on one side of the premises had sloping ceilings, because of the design of the building, which could potentially be an area of risk for the people who lived in these rooms. There were no risk assessments in place showing what strategies had been implemented to protect these people from possible injury. We noted the corridor flooring sloped suddenly when leaving the lounge to access a bedroom at the far end of the corridor on the ground floor. There was no risk assessment in place to help to reduce the possibility of slips, trips and falls for people who used this area of the home. Risk assessments needed to be improved to include all areas of the home.

Our findings demonstrated the provider was not assessing and managing risks to people using the service in an effective manner. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Policies and procedures around fire safety included a fire risk assessment and Personal Emergency Evacuation Plans (PEEPs) were available. These provided staff and the Fire and Rescue Service with guidance about how individuals should be assisted from the building, in the case of an emergency evacuation. Staff spoken with felt confident in dealing with emergency situations and were fully aware of the policies and procedures in place at the home.

A business continuity management plan had been developed, which instructed staff about action they needed to take in the event of an environmental emergency, such as a utility failure or severe weather conditions.

We noted medication audits were conducted every week and any issues were identified. Staff spoken with confirmed they had received training in the administration of medications and were periodically observed giving out medications, which was formally recorded. They confirmed that managers conducted regular medication audits. This information was supported by records seen.

Relevant policies and procedures, in relation to the management of medications had been developed. These helped to ensure medications were received, stored, administered and disposed of in a safe manner. The Medication Administration Records (MAR) were completed appropriately, so that people received their prescribed medications in a safe way.

Requires Improvement

Is the service effective?

Our findings

At the time of this visit there were 31 people who lived at Marsh House. People told us they were happy living at the home and that their health care needs were being met by a kind and caring staff team. One relative we spoke with commented, "The staff are very good, most pleasant and extremely helpful."

We were told a district nurse had visited two people who lived at Marsh House prior to our arrival and records showed a range of external professionals were involved in the care and support of those who lived at the home, so that people received the health care and treatment they required. We asked five of these people, prior to our inspection for their feedback about the quality of service provided. We received, in general positive responses from them all, including some collective comments. For example, from the district nursing team and from a GP's surgery. One visiting professional wrote, 'The existing organisation has extended the home and done major changes to the refurbishments. A number of staff changes have been made. It is a very well-run home with caring staff. Most of the residents I have spoken to seem to be satisfied with the care. Staffing levels seem to be adequate and they always listen and follow any instructions.'

We spoke with a member of staff, who had recently been appointed and was still undertaking her induction programme. She told us the information and initial training provided was sufficient for her to be able to do the job expected. She said, "My induction is good. Everyone is very supportive and staff morale is good." This member of staff told us she had previously worked in various care settings, but working for this organisation was good, as she felt comfortable to ask for support and advice, as was needed. Records showed job descriptions were issued to all staff. These outlined what was expected of each employee, in accordance with their specific job role.

Staff spoken with told us they had regular individual supervision meetings and annual appraisals with their line managers. Records showed these covered areas such as, review of work performance, staff training, support and development. This helped to make sure the staff team delivered an effective service.

Staff training records showed all staff had completed all mandatory courses relating to safety and care within the year. Examples included fire awareness, health and safety, infection control, person centred care, moving and handling and safeguarding adults. Staff spoken with confirmed this information to be accurate and they told us these modules were updated at regular intervals.

We established that all care staff with the exception of two, had achieved a nationally recognised qualification in care. This helped to ensure a well trained staff team, who had the knowledge to meet people's needs and keep them safe. Certificates of training were retained in staff personnel files and these confirmed the information provided by staff was accurate.

The majority of people we spoke with told us they were dissatisfied with the standard of food provided. One person who was sitting at a dining table at lunch time gave her virtually untouched meal to us as we were passing. She commented, "I don't like that gravy at all. Take it away. It is horrible." This person was offered an alternative meal.

We discussed the arrangement of meals with the management team at the home and the chef. We established the company had arranged an outside caterer to deliver the meals. These were brought in on trays, stored in the freezer and heated in a specialised oven before serving. People described the meals as 'frozen ready meals' and we were told they were 'below par'. We sampled one of the meals, which was edible, but not delicious or tasty.

We established that a number of people refused to eat the new menu and were therefore served an alternative meal. The chef showed us the nutritional values of each meal, which demonstrated, if eaten, they contained enough sustenance to maintain adequate nutrition. One person told us, "The staff do a fantastic job, but I want to ask the owner why they had to change the meals, when they were so good before."

We chatted with eight people, who lived at Marsh House about the quality of food they were served. Six of them told us they did not like the food they were given. Two people said the food was going 'downhill'. However, one person commented, "I have a good appetite and I will eat anything. I am not fussy, although the food isn't as good as it once was. There is always plenty to eat and we do get a choice, but I am sure we could have something else, if we wanted to." Another told us, "The food is terrible. I won't eat food that comes in trays." A third stated, "I can't see why they

Is the service effective?

have changed. The chef is a marvellous cook. There is nothing better than a home cooked tasty meal. It has really gone downhill, which is a shame, as everything else is excellent."

We sat with a small group of people in the dining room at lunch time. Although the surroundings were pleasant, the dining experience could have been better enhanced with appropriate background music, nice table decorations and table linen.

One person was seen to be having difficulty in understanding the choice of meal available to him at lunch time. Therefore, a care worker showed him the two meals on offer and he was then able to indicate which option he would prefer. This was considered to be good practice.

Concerns were raised by one visitor, who attended the home every day at lunch time to encourage her relative to eat, as her dietary intake was very poor. This took her a long time. Her concerns were that the staff would not have the time to do this during the other meals and therefore her relative would not have a sufficient dietary and fluid intake. We discussed this with the registered manager of the home. They assured us that, when her relative was not present, staff did sit with this person to ensure she ate her meals. We looked at the records of this person. There were food and fluid charts in her bedroom. However, these had not been completed consistently. There were many gaps on the food chart and the fluid intake showed a total of 75mls on the day prior to our visit, which was insufficient to maintain good hydration. This person's nutritional status was not being properly monitored and we were therefore unable to establish if this individual was receiving the dietary and fluid intake she needed, in order to prevent malnutrition and dehydration.

The feedback received from one community team informed us that they sometimes advised the home to commence dietary intake and fluid balance charts for individual people, but often these were not accurately completed. Therefore the evidence they needed, to assess people's needs and provide appropriate advice, was not always available.

We noted a food survey had been conducted, although this had not been dated. We were told it had been done five months after the new system for meal provision had been introduced. The majority of comments we saw about the quality of food served were, in the main, satisfactory. Records showed a meeting for those who lived at the home had been held a few weeks prior to our inspection, when the new meal system had been discussed. Minutes of this meeting showed people had asked if alternatives to the menu were available and they had been told alternatives would be provided, if required. We established that a 'tasting' session had been arranged, so that those who lived at the home could air their views about the different meals available to them. This meant the provider could then make appropriate arrangements to ensure everyone received appetising meals, which they enjoyed.

Our findings demonstrated the provider was failing to effectively monitor people food and fluid intake. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Policies and procedures were in place to guide staff in the use of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS are legal safeguards to protect the human rights of those people who may lack the capacity to make certain decisions for themselves. Records showed that a DoLS application had been made on behalf of one person who expressed a desire to leave the home. This was awaiting approval by the authorising body (Lancashire County Council). The registered manager was aware of the process for DoLS applications and was able to discuss the reasons for one being submitted for this particular individual. Training records showed all staff had completed specific modules during the year in relation to mental capacity and DoLS. Staff spoken with demonstrated an awareness of the MCA and DoLS and during this inspection we did not observe any unauthorised restrictive practices.

Good

Is the service caring?

Our findings

One person told us, "I came here from hospital at eight o'clock at night. I was welcomed with open arms. As soon as I arrived I felt like I had found a new family." Another stated, "I would recommend Marsh House to anyone. I am treated like royalty!" We saw staff treating people with respect and providing assistance in a kind and caring manner. Help was provided for those who needed assistance with their meals. This was done in a dignified way. Staff members and those who lived at Marsh House seemed to have easy and friendly relationships.

'Service user guides' were provided in people's bedrooms. These outlined the facilities and services available to those who used the service. We were told people interested in moving to Marsh House would also be given a copy of this document. This would allow them to make an informed choice about living there. We noted a variety of information leaflets were available in the reception area of the home, which helped people to understand specific areas, such as dementia care and advocacy support.

People told us staff listened to them and considered their wishes. However, there was no evidence available to demonstrate the plans of care had been generated with the involvement of the person who used the service, or their relative.

Staff we spoke with were fully aware of people's needs and how they wished care and support to be delivered. We saw staff members anticipating people's needs well and those we spoke with confirmed they were given the opportunity to make some decisions about the care and support they received, although this was not formally recorded.

We recommend that people who live at the home, or where appropriate their relative, be given the opportunity to be involved in the planning of their care. Where people do not wish to be involved it would be beneficial if this was recorded within individual plans of care.

Relatives we spoke with told us the staff team were very caring and attentive towards the needs of those who lived at Marsh House. People who lived at the home told us their independence was encouraged in a positive way and their privacy and dignity was consistently promoted. Assistance was carried out with respect and consideration. People looked well-presented and were appropriately dressed. We saw staff members chatting with people respectfully and those who required personal care were assisted in a dignified manner.

Policies and procedures incorporated the importance of providing people with equal opportunities, irrespective of their age, religion, race or disability. This was confirmed through our observations and by talking with staff and those who lived at the home.

We saw written guidance for staff to help them to provide care and support for people from a range of cultural backgrounds, such as African Caribbean and the Chinese community. These policies also covered a variety of faiths, such as Christianity, Islam, Buddhism and Jehovah's Witness. This was considered to be good practice and helped staff to provide culturally sensitive care which respected people's beliefs.

Good

Is the service responsive?

Our findings

We randomly selected the care records of five people who lived at the home, who had quite different needs. These files were well organised, making information easy to find. We chatted, where possible with people whose records we examined and discussed the care they received. People told us they were very happy with the care and support delivered by the staff team.

Needs assessments had been conducted before people moved into the home. This helped to ensure the staff team were confident they could provide the care and support required by each person who went to live at Marsh House.

Plans of care had been developed from the information obtained at the pre-admission assessment and also from other people involved in providing support for the individual, such as other professionals, relatives and the individuals themselves. The needs of people had been incorporated into the plans of care. Regular reviews of needs had taken place and care was evidently provided in a person centred way. We found the plans of care to be well written, person-centred documents. This helped the staff team to develop a clear picture of what each person needed and how they wished their care and support to be delivered.

People who lived at Marsh House told us they were satisfied with the level of leisure activities available at the home. We were told activities were designed in accordance with people's individual wishes. Notices were prominently displayed outlining the programme of Christmas entertainment, which included visits from people in the community, such as children from the local primary school and a variety of entertainers.

We saw care staff interacting well with some people on an individual basis, which helped them to remain interested and to maintain their individuality. We saw people being offered a variety of choices throughout the day. One person, who was in her bedroom, invited us in for a chat. She said, "I know there are things to do, but I would rather stay in my room because I get a lot of vertigo if it is too noisy."

Records showed what activities people participated in. This helped to ensure people were able to choose what they wanted to do, and also reduced the possibility of social isolation. One person told us, "The activities lady is brilliant. She really keeps us occupied. Some of us go out sometimes – to Tesco shopping or to the café for lunch. We have a quiz on Wednesdays, which I like. We also have bingo and we make things too. We have just been making things for Christmas." One relative told us special occasions or anniversaries of memorable events were celebrated 'in style', when staff dressed up, such as Halloween and World War 2 commemorations.

People we spoke with told us they would know how to make a complaint, should the need arise. Others, who lived at the home, said their relatives would speak on their behalf, if they were unhappy about anything. A complaints procedure and consent policy were available at the home. A system was in place for any complaints to be recorded and addressed in the most appropriate way. We noted one recent complaint was about cleanliness of the environment and the quality of food served.

We spoke with one person living at the home, who told us her cat also lived at the home, which she was delighted about. She told us that staff helped her to make sure it was well looked after. We saw a pet risk assessment and specific policy had been introduced to ensure people who lived at the home were kept safe. This was pleasing to see, was responsive to their emotional needs and helped promote this person's sense of wellbeing.

At the time of our inspection we were told no-one who currently lived at the home had developed a pressure wound. However, we noted that specialised equipment was available for the prevention of pressure sore development and for assisting in moving and handling techniques

Good

Is the service well-led?

Our findings

The registered manager of Marsh House appeared enthusiastic to provide a good quality of service for the people who lived at the home and was eager to support her workforce to deliver the care people needed.

The general mood in Marsh House was of a committed and happy workforce and there was a good atmosphere. The surroundings were comfortable. The people who lived at Marsh House, their relatives and staff members we spoke with all considered this to be a good home.

When we asked visiting health care professionals for their views about the service, prior to this inspection, one of them wrote, 'Staff changes have been made. It is a very well-run home with caring staff. Most of the residents I have spoken to seem to be satisfied with the care. Staffing levels seemed to be adequate and they always listen and follow any instructions'.

We saw some complimentary cards from relatives of people who had lived at the home. All contained positive comments about the home. One recent extract said, 'For the care and friendship given to (name removed) for the time she was with you. Marsh House is a very special place.'

The home focused on a culture of openness and transparency. Staff we spoke with told us the registered manager conducted regular checks on practices and systems adopted by the home. These included obtaining feedback from people involved with the service and through the auditing processes. Records seen supported this information and action plans had been developed in some areas where shortfalls had been identified. However, the auditing process had not identified the gaps we noted on one person's dietary intake and fluid balance chart, which could have potentially resulted in harm.

We recommend that the auditing process is extended to incorporate the accurate completion of care charts, so that the reason for any omissions is determined and appropriate action taken.

It was established that meetings were held periodically for those who lived at the home, their relatives and the staff team. This allowed relevant information to be disseminated and encouraged people to discuss any topical issues in an open forum.

We noted the registered manager had an 'open door' policy. This allowed those who used the service, their friends and relatives, staff members and stakeholders in the community to discuss any concerns or areas of good practice with her at any time. One member of staff commented, "The service is so much more settled now, with the new owners. We have been through some unsettling times, but now things are much better."

We requested to see a variety of records, which were produced quickly from a well organised filing system. A wide range of updated policies and procedures were in place at the home, which provided staff with clear information about current legislation and good practice guidelines. This helped the staff team to provide a good level of service for those who lived at Marsh House.

People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions. Evidence was available to show some external entertainers visited the home and occasional trips out were organised to local places of interest. This helped people to maintain links with the local community.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs **The registered person did not have suitable arrangements in place for ensuring service users were protected against the risks of inadequate nutrition and hydration.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers **The registered person did not have suitable arrangements in place to identify potential risks, in order to protect people from harm or injury.**