

Grove Lodge Care Home Limited

Marple Lodge Care Home

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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection was carried out over three days on the 22, 23 and 24 November 2016. Our visit on 22 November 2016 was unannounced.

At the last inspection on 16 and 23 February 2016 we rated the service as 'Inadequate' which meant the service was in 'special measures.' At that inspection we identified ten regulatory breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014, which related to safeguarding, safe care and treatment, meeting nutritional and hydration needs, staffing, person-centred care, the need for consent, dignity and respect and good governance.

Following the inspection the provider sent us an action plan which stated the breaches would be addressed by May 2016. This inspection was to check improvements had been made and to review the ratings.

Marple Lodge Care Home is a care home that is registered to provide accommodation and personal care for up to 19 adults. On the three days of our inspection there were 15 people living at the home.

The home is situated in a quiet residential area of Marple, close to local amenities.

The home had a manager registered with the Care Quality Commission (CQC), who was present throughout the three days of inspection. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are '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.

During this inspection, we found significant improvements had been made and we observed staff giving positive and caring support to people. However, we also identified some areas where improvements were still required. The registered manager and the senior carer were responsive to our feedback and had started to take actions to make some of the required changes during our inspection.

During this inspection, we identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some medicines were not managed safely for example we found there was not always clear, detailed written directions for the use of medicines to enable staff to apply topical prescribed creams. We did a medicine count for a particular medicine for one person and we found discrepancies in the number of tablets that has been signed as given and the total number remaining in the box. This meant there was a risk that prescribed creams and medicines may not have been applied when required, which could have resulted in unnecessary discomfort for the person.

In addition we saw that the covert medication policy was not being appropriately adhered to for one person receiving their medication covertly. Covert medication is the administration of any medical treatment in a disguised form. This usually involves disguising medication for example by administering it in food and drink. As a result, the person is unknowingly taking medication.

From looking at the training record and speaking with staff, we found improvements had been to ensure staff were properly trained. However, we found there were still some gaps in staff training. For example, we found one cook and care staff who served meals and prepared drinks and snacks for people had not received food hygiene training. This meant that the registered provider had not ensured staff had the qualifications, competence, skills and experience to meet the needs of people receiving a service and that practices at the home reflected up to date best practice guidelines.

The registered manager told us that short-term plans of care were not implemented for individual short-term needs such as a chest or urinary tract infection. This meant there was a risk that the care need may not be appropriately met. However during the inspection we did not see anybody who required a short term plan of care and we were given assurances that these would be implemented as and when required.

Staff spoken with understood the need to obtain verbal consent from people using the service before a task or care was undertaken and staff were seen to obtain consent prior to providing care or support. However we saw in four care files that a relative had signed the consent to care document without the legal authority to do so.

Since the last inspection, some systems had been improved to monitor the quality and safety of the service. However, we also saw there were no formal audits or reviews of accidents and incidents, complaints, care plans, staff recruitment files, staff training and general cleanliness and infection control within the home.

People were supported by a caring staff team and staff and relatives of people living at Marple Lodge told us they thought there were sufficient staff to safely meet people's needs. However, we found there was not a systematic approach to determine the number of staff and range of skills required to meet the needs of the people who used the service. This meant the registered provider could not be sure that the staffing levels and skill mix of staff were sufficient to meet the assessed needs of people living at Marple Lodge Care Home. We made a recommendation that they implement the use of a staffing tool.

The home was clean and well maintained and we saw staff had access to personal protective (PPE) to help reduce the risk of cross infection.

We saw that since the last inspection appropriate safety checks were undertaken. For example water temperature testing, emergency lighting, fire safety checks and we saw people had a personal emergency evacuation procedure (PEEP's) and portable appliance testing had all been undertaken. However there was no clear system for documenting maintenance work required and then evidence that the work had been undertaken.

The service had good recruitment processes to ensure only suitable staff were employed.

Since the last inspection staff supervision and annual appraisals had been implemented to enable them to carry out the duties they are employed to perform.

Staff understood how to recognise and report abuse which helped make sure people were protected.

People had access to healthcare services and we saw specialist advice was sought in a timely manner. For example from the district nurse, dentist, optician and chiropodist and people were supported to attend hospital appointments as required.

Attention was paid to people's diet and people were supported to eat and drink in a way that met their needs.

People received person-centred care and we saw privacy and dignity was respected.

The visitors we spoke with told us they thought their relatives were well cared for and looked after at Marple Lodge Care Home.

From our observations of staff interactions and conversation with people, we saw staff had good relationships with the people they were caring for and respected their privacy and dignity. The atmosphere felt friendly and homely.

There was a complaint notice on the back of people bedroom doors, on the notice board in the main reception and in the statement of purpose and service user guide and there was a system in place for receiving, handling and responding to concerns and complaints. One relative we spoke with told us they had never raised a complaint and said they could "never see why I ever would."

The two healthcare professionals we spoke with told us they had no concerns for the people living at Marple Lodge Care Home and they said that they could see improvements since the new manager had taken up post.

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.

Medicines administration records for prescribed creams lacked detailed instructions and the covert medication policy was not being appropriate adhered to.

The home was clean and appropriate safety checks were being undertaken.

Appropriate checks had been undertaken to ensure suitable staff were employed to work with vulnerable people.

Requires Improvement ●

Is the service effective?

The service was not always effective

There were gaps in staff training for example end of life care, dementia care and food hygiene.

Staff understood the need for and sought consent from people before providing care or support but we saw that a relative had signed on their behalf without the legal authority to do so.

Other health and social care professionals gave positive feedback about the service. We were told the service sought and acted on advice and recommendations given.

Requires Improvement ●

Is the service caring?

The service was caring

Staff were seen to be kind and caring in their interactions with people.

People looked content and well cared for.

Visitors spoken with told us they thought their loved ones were well cared for.

Good ●

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

We were told that short term plans of care were not implemented which meant there was a risk that the care need may not be appropriately met.

We saw that people's needs were assessed prior to admission to ensure the home could meet their individual needs.

There was a system in place for receiving, handling and responding to concerns and complaints.

People were offered activities suited to their individual interests and preferences.

Is the service well-led?

The service was not always well led

The audit systems required further development to fully assess and monitor the quality of the service provision and promote service improvement.

The registered manager provided leadership and support and had made improvements since the last inspection.

The registered manager understood their legal obligation to inform CQC of any incidents that had occurred at the service.

Requires Improvement ●

Marple Lodge Care Home

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out over three days on the 22, 23 and 24 November 2016. Our visit on 22 November 2016 was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection, we reviewed the previous Care Quality Commission (CQC) inspection report about the service and notifications of incidents that we had received from the service. We looked at the Provider Information Return (PIR) before our visit. A PIR is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make.

We also contacted the local authority commissioners, Stockport Metropolitan Borough Council (MBC) Health Protection and Control of Infection Unit and Healthwatch, Stockport. Healthwatch Stockport is an independent organisation, working to help people have their say on local health & social care services to seek their views about the home. We did not receive any information of concern.

During our visits, we spoke with the provider, the registered manager, a senior carer, one cook, a member of the domestic team, three care staff, two visiting healthcare professionals and five people living at Marple Lodge Care Home.

We looked around the building including a sample of bedrooms on each floor, all of the communal areas, toilets, bathrooms, the kitchen and the garden areas.

We examined the care records for three people living at Marple Lodge, medicine administration records, the recruitment and supervision records for four staff, training records and records relating to the management of the home such as the quality assurances systems.

Is the service safe?

Our findings

At our previous inspection in February 2016, we found a breach of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) in relation to medication. . At this inspection we found improvements had been made, for example rather than the medication trolley being secured to the wall in the dining room they had created a designated treatment room. However, when we looked at the systems in place for the management of medicines, and reviewed policies and procedures in place relating to their administration we found some shortfalls.

We saw that creams and ointments were prescribed and dispensed on an individual basis. . We saw the dispensing pharmacy provided the home with a printed 'patient information chart' that included the name of the cream and a body map of where the cream should be applied, but they did not include detailed instructions for care staff to follow. For example the dosage instructions were 'apply as directed and when required'. The provider's own medication administration policy stated, 'Where a resident is prescribed PRN medication a specific plan for administering PRN must be documented in the medication care records'. We saw that PRN medication was not always supported by robust written instructions which described situations and presentations where PRN medicines could be given. For example, we saw a person was prescribed a cream for relief of a specific type of arthritis but there were no clear, detailed written directions for its use to enable staff to apply the cream as intended by the person's doctor.

We looked in the care file for this person and found there was not a plan of care in place in relation to the use of the cream. This meant there was a risk that people may not have received prescribed creams as intended by their doctor, which could result in unnecessary discomfort for the person.

The home operated a Monitored Dosage System (MDS). This is a system where the dispensing pharmacist places medicines into a cassette containing separate compartments according to the time of day the medication is prescribed. We carried out a tablet count for individually boxed medications and therefore were not included in the MDS system. We found in one instance there were discrepancies as there were three tablets too many. In another instance the prescription stated '1 or 2 tablets to be taken at night.' We saw that staff had signed that the medication had been given but on seven occasions out of sixteen we saw that the staff had not documented if one or two tablets had been given. This meant there was a risk that the two people these tablets had been prescribed for may not have received their medications as prescribed by their doctor and could put them at risk of harm.

At the time of our inspection, we were told that one person was receiving their medicines in a covert way. Covert medication is the administration of any medical treatment in a disguised form. This usually involves disguising medication for example by administering it in food and drink. As a result, the person is unknowingly taking medication. We found the service was not adhering to their own medicines policy because their policy set out the procedure to follow to create a legal framework for the administration of covert medicines yet this was not being adhered to. None of this had been followed because we were told the medication was given covertly based on a letter dated May 2013 signed by a locum consultant psychiatrist. There was no evidence that a Mental Capacity assessment had been undertaken or that any

family or other health care professionals had been involved in the decision making process and no review date of the decision had been set or undertaken.

The above examples demonstrate a breach of regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were administered by care staff who had received appropriate training in storing checking and administering medicines. Care staff were not allowed to administer medication until they had received the appropriate training and had been assessed as competent.

At the time of our inspection, we were told that no person using the service was administering their own medications or receiving controlled drugs. We looked at medication storage and found the storage cupboards were secure and they did not have excessive stocks of medication.

We saw that medication, for example eye drops that had a limited life span, had a recorded date of opening to ensure they were not administered beyond the expiry date.

We saw the medication fridge and room temperatures were taken daily and recorded to ensure that medication was stored at the correct temperature.

We saw any known allergies or intolerances to medicines were recorded.

At our previous inspection in February 2016, we found a breach of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) because the provider did not do all that was possible to mitigate risk and did not ensure the premises were safe for their intended purposes. At this inspection, we found improvements had been made.

During this inspection, we saw that appropriate safety checks had been carried out to ensure people were cared for in a safe environment. For example, we saw evidence of gas and electric safety certificates, hoist and lift servicing, asbestos checks, nurse profile beds checks, pest control checks and water temperature checks. It was discussed with the registered manager that the water temperature recording tool required updating as it made reference to a bath that was no longer available in the home. During the course of the inspection the registered manager implemented a nurse call bell monthly check because we found there was not one in place.

We saw monthly checks of emergency lighting, emergency exits, firefighting and evacuation equipment and fire alarms. Since the last inspection, the service had purchased an evacuation sledge to aid evacuation in an emergency situation. We saw that the home had received a visit from the local fire service on the 10/10/16. One recommendation was made as a result of that visit and that was to have an external light directing people to the fire assembly point. Quotes were being obtained for this. However, it was noted there was no evidence of any fire drills being undertaken. The registered manager made assurances regular drills would be implemented.

In addition, we saw that everybody had a Personal Emergency Evacuation Plan (PEEP). These plans detailed the level of support the person would require in an emergency situation. This meant in the event of an emergency evacuation the risk to people being evacuated effectively would be reduced.

Risk assessments were in place which covered areas such as nutrition, moving and handling, skin care and the risk of falls. These provided information to staff on how to manage identified risks. For example, manual

handling assessments detailed the method of transfer, any equipment to be used and the number of staff required.

At our previous inspection in February 2016, we found a breach of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) in relation to safeguarding service users from abuse and improper treatment. This was because we saw two incidents recorded which would have required the registered manager to make a referral to the local authority under safeguarding protocols. At this inspection, we found the registered manager was aware of their responsibilities in reporting under the safeguarding protocols. We reviewed the safeguarding records and saw an incident had been appropriately referred to local authority safeguarding team, and the Commission had been correctly notified. We saw a clear and well documented 'level 1 and 2 harm levels' that is sent to the local authority on monthly basis. Prior to the inspection, we contacted the local authority who told us there were no current safeguarding incidents at Marple Lodge.

All of the visiting relatives spoken with told us they felt confident that their relative was safe and well cared for. One person said, "I have never seen anything of concern or any inappropriate behaviour." Another person said, "I have no worries at all."

All of the staff, with the exception of two care staff, two domestic staff and the two cooks had received training in safeguarding adults. All the staff we spoke with had a good understanding of their role in protecting people and making sure people remained as safe as possible. Staff had access to a safeguarding adults policy and a copy of the local authority's multi-agency safeguarding adult's policy.

In addition we saw staff had access to a Whistle Blowing policy and staff spoken with had a good understanding of this policy. All the staff we spoke with said they would not hesitate to report poor practice. The Whistle Blowing policy is a policy to protect an employee who wants to report unsafe or poor practice.

At our previous inspection in February 2016, we found a number of concerns regarding the upkeep and maintenance of the property which were hazardous to people who used the service. During this inspection we saw improvements had been made.

During the inspection, we looked around the kitchen and the food storage area. We saw that the kitchen was clean and there were adequate supplies of food. We saw the service achieved a score of 3, 5 being the highest score you can achieve, following a food hygiene inspection. We saw that the cupboards under the sink were damaged which was discussed with the provider. During the course of the inspection, we saw that quotes were being obtained for these to be replaced with stainless steel units.

We looked around the home, at all the communal areas, toilets, bathrooms, the kitchen and a sample of bedrooms on both floors. We found the home to be clean and tidy, the frayed carpet had been addressed and there were no trip hazards in the corridors or stored by the fire door. We saw the broken glass had been removed from the reception door and the chest of drawers had been repaired.

We saw that bedrooms were nicely decorated and people were able to personalise their own rooms. However, we did see that the laundry room located in the cellar was dirty and required cleaning. During the course of the inspection, we were informed that the domestic staff had been requested to thoroughly clean this room.

People living at Marple Lodge and visiting relatives told us they found the environment was kept clean and tidy. We saw there was cover from domestic staff on the rota seven days per week. We saw an infection

prevention and control policy. All bathrooms and toilet areas were clean and contained wall mounted liquid soap and paper towel dispensers. There was an hourly check and cleaning schedule on the back of all bathroom and toilet doors to ensure a high standard of cleanliness was maintained.

During our inspection, we saw personal protective equipment (PPE) such as disposable aprons and gloves were available throughout the home as was hand sanitiser, which would help reduce the risk of cross infection.

We saw the use of colour coded mops for cleaning and we saw good stocks of cleaning products which helped staff to maintain good standards of hygiene and cleanliness throughout the home. All cleaning products were stored locked in the cellar to ensure people's safety. We saw that Substances Hazardous to Health (COSHH) Regulations had been obtained from the suppliers for the cleaning materials used in the home and a copy was kept with the cleaning materials. COSHH is the law that requires employers to control substances that are hazardous to health.

We saw that staff had undertaken infection control training in July 2016 and Stockport Metropolitan Borough Council Health Protection and Control of Infection Unit had undertaken an audit in November 2015. No major issues were identified. We saw that a mattress audit had been undertaken and six new pressure mattresses had been purchased. The audit was last undertaken on 9 September 2016 and the registered manager told us it was their intention to complete an on-going audit on a three monthly basis.

The registered manager and the senior carer told us they informally walked around the home to check the level of cleanliness on a daily basis. They told us it was their intention to formalise this process and implement their own internal infection control audit in addition to the annual audit undertaken by Stockport Metropolitan Borough Council Health Protection and Control of Infection Unit. This would ensure the high standards of cleanliness were maintained.

During the inspection we saw evidence of refurbishment and maintenance work since the last inspection. For example, we were told a new boiler had been purchased and we saw new carpets had been fitted in five bedrooms, on the upper landing and the downstairs corridors, and new furniture had been purchased for one bedroom. In addition, we were told new lighting had been installed on the upstairs and downstairs corridors. During the inspection we saw that quotes were being obtained for a new shower to one of the communal shower rooms on the first floor and the en-suite for room 15. We were also told by the provider that quotes were being obtained for stainless steel units under the sink in the kitchen to replace the current damaged units.

However, it was noted that there was not a formal system for reporting any required maintenance work or evidence that the work had been undertaken. The registered manager said she would implement a formal system for this.

An established staff team supported people who lived at Marple Lodge Care Home which meant that people were cared for by staff who knew them and had worked with them for some time and had got to know them well.

Care staffing levels in the home Monday to Friday consisted of the registered manager, one senior carer and three care staff from 08.00 to 20.00 and two care staff from 22.00 to 08.00. Saturday and Sunday the care staffing levels were three care staff from 08.00 to 20.00 and two care staff from 20.00 to 08.00. The registered manager and the senior carer were on call from 20.00 to 08.00 and over the weekend. We saw evidence of this during the inspection because the registered manager was called out during two of the nights and

attended the home. This was to offer support to the care staff and to cover while a member of care staff escorted a person to hospital in the ambulance due to being unwell. This meant that care staff and people living at Marple Lodge were fully supported by the registered manager and the senior care staff.

We looked at the staffing rotas for a four week period which confirmed that levels of staffing were consistent on a day to day basis and staff we spoke with felt there were enough staff to meet people's needs. People living at the home and visiting relatives told us they thought there were enough staff on duty and call bells were answered promptly. One relative said, "There are more than enough staff and they are always observing people" and another relative said, "The staff are receptive, kind and attentive and there seems to be plenty of staff."

We were told there was no formal tool used to determine the number of staff and range of skills required in order to meet the needs of people using the service and keep them safe at all times. Staffing levels and skill mix must be continuously adapted to respond to the changing needs and circumstances of the people using the service.

We recommended that the provider implements the use of a staffing tool so that the registered provider could be assured that the number of staff and skill mix could safely meet all the needs of the people living at Marple Lodge Care Home.

Although seven staff had undertaken first aid training, we saw that there was not an identified first aider working on each shift. It was discussed with the registered manager that to help reduce the risk to people there should be an identified first aider on duty each shift in case of an emergency. During the course of the inspection, we saw the staffing rotas had been updated to include this information.

We looked at four staff files which showed procedures to ensure the staff recruited had the appropriate qualities to protect the safety of people who used the service. The files contained job descriptions, proof of identity and an application form that documented a full employment history and accounted for any gaps in employment, a medical questionnaire, a job description, references and interview notes. Pre-employment checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

Is the service effective?

Our findings

At our previous inspection in February 2016, we found a breach of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) in relation to staff training. This was because at that time staff had not undertaken any training in the 12 months leading up to that inspection.

At this inspection we saw improvements in staff training. All staff had an individual training file and following the inspection, we were sent an up to date training record for all staff. We saw that since the last inspection improvements had been made. For example, we saw that staff had undertaken moving and handling training, fire safety training, health and safety, infection control training, first aid training, medication administration training and COSHH training. In addition, we were told by the registered manager and staff spoken with confirmed that all staff were in the process of undertaking the Care Certificate. From April 2015, staff new to health and social care should be inducted according to this framework and existing staff should be assessed as required to undertake modules. This replaces the Common Induction Standards and National Minimum Training standards.

The induction checklist was a basic tick box exercise and the registered manager acknowledged that it was not an accurate reflection of the homes induction process. The registered manager was in the process of updating and formalising the homes own induction process and since the previous inspection we saw documentation that would formalise a probationary meeting for new staff which was due to be implemented as part of the induction process.

The registered manager told us that all newly employed staff would be expected to undertake the care certificate. We saw evidence of this during our inspection.

Visiting relatives told us they thought the staff were well trained and competent.

It was evident that the registered manager was addressing the training shortfalls however there were still some gaps in training. For example, only one member of staff had undertaken food hygiene training even though we were told that all care staff served the meals and prepared drinks and snacks for people. In addition, we saw no evidence that either of the two cooks employed had undertaken food hygiene training. There was no evidence that any staff had undertaken diet and nutrition training and only one member of care staff had undertaken Dementia care training even though we were told the home did provide accommodation for people with a diagnosis of Dementia. There was no evidence that any staff had undertaken equality and diversity training and only four care staff had undertaken Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Since the previous inspection it was evident that training needs of staff had been assessed and some training was now being provided. However, there was no evidence of a formal process of audits or reviews being undertaken to continually assess the individual training needs of staff and to identify areas of development to ensure staff had access to the necessary support and training to carry out their job roles safely and effectively. This meant that the registered provider and registered manager had not ensured staff had the qualifications, competence, skills and experience to meet the needs of people receiving a service and that practices at the home reflected

appropriate, up to date best practice guidelines.

The above examples demonstrate a breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection in February 2016 we found a breach of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) in relation to the need for consent. It was found that staff had a basic understanding of the MCA Act 2005 and consent impacted on how they delivered care, however there were no mental capacity assessments in people's care records. A mental capacity assessment is required to determine whether a person may be subject to a deprivation of their liberty.

It was apparent from speaking with staff they had a good understanding of how and why consent must be sought to make decisions about specific aspects of people's care and support and we observed staff obtaining verbal consent from people during our inspection. For example at lunch time we observed staff asking if people would like to come to the dining room for lunch and we saw staff ask people what they would like to eat and during lunch time. Staff also talked about the importance of getting to know people and how they liked things to be done.

People's care records contained a 'consent to care and support' document where the person, if able, signed the document. We saw evidence of this in one of the files we looked at. However, we also saw in four other care files that the document had been signed by the person's relative. We asked the registered manager if the relatives had the statutory authority to give consent on their behalf. A person can give another person authority to make a decision on their behalf if a power of attorney (POA) for health and welfare has been granted. This is a legal document that allows the nominated person to do so. There was no evidence that the person signing the consent documents had been granted POA which meant that the relatives did not have the statutory authority to give consent on behalf of the person using the service. Since our previous inspection we saw that the home had implemented a MCA assessment document which is used to determine if a person lacks capacity and would require somebody to sign consent on their behalf. However, we did not see any completed assessments in the care files we looked at.

The above example demonstrate a continued breach of regulation 11 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). By law, the Care Quality Commission must monitor the operation of any deprivations and report on what we find. We checked whether Marple Lodge Care Home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

At our previous inspection in February 2016 we found a breach of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) in relation to this area because we found that two authorised DoLS had expired and the authorising authority had stated that an application should be made at least 14 days prior to the expiry of the authorisation if the person was still having their liberty restricted.

The registered manager told us, and we saw information to show that applications to deprive people of their liberty had been authorised by the supervisory body (local authority), or were awaiting authorisation. We had been informed where authorisations had been granted.

We saw a tracker document which included details of when the request had been made, when it had been authorised and when it was due to expire. This meant there was a central list that acted as a reminder to seek renewals when necessary.

We saw that the home had a basic induction checklist and the registered manager told us that newly employed staff worked on a supernumerary basis until they felt confident to deliver care unsupervised. Working supernumerary involves working with another employee who can teach, or can help the person to learn new aspects related to the job.

Staff told us they communicated well with each other and staff handover meetings were held at the start and finish of each shift. This helped to ensure that staff are given an update on a person's condition and behaviour and ensured that any change in their condition had been properly communicated and understood. Information was also recorded in a diary which staff accessed to help ensure all information was being passed over to the oncoming shift.

At our previous inspection in February 2016 we found a breach of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) in relation to staffing because we found staff were not receiving supervisions or appraisals. This meant that staff were not receiving appropriate support and guidance to enable them to fulfil their job role effectively. At this inspection, we saw that all staff had received an appraisal and a minimum of two supervision sessions. Staff we spoke with told us they found the supervisions and appraisal useful and said they felt they received good support from their manager. They also told us the registered manager was very visible and regular worked alongside them which meant their practice was constantly being observed. One staff member told us, "The new manager always makes herself available for all staff and even starts work at 07.30 so she can see the night staff."

In addition to this staff meetings were held on a monthly basis and minutes were taken. All staff members were given a copy of the minutes for their information.

Care records we looked at showed that the service involved other healthcare professionals to meet the health needs of people who used the service such as, attending hospital and doctor appointments, speech and language therapist, visiting chiropodists, opticians and district nurses. One visiting relative explained a situation where the staff had been swift in calling an ambulance and getting their relative to hospital for medical attention and contacted the family immediately.

We spoke with an advanced nurse practitioner from a local medical centre, and a district nurse who were both visiting the home. The advanced nurse practitioner told us that they visited the home on a weekly basis or more frequently if requested by the staff. They both told us that they thought the service had improved since the new manager had taken up post. They said that documentation and communication had definitely improved and care staff were more aware and knowledgeable about people living at Marple Lodge. Both healthcare professionals said appropriate referrals were received in a timely manner and the staff were receptive to the changing needs of people and any specific care instructions or recommendations they made about a person were followed by the care staff.

We spoke to the cook who had a good understanding of people's personal preferences, including their likes, and dislikes. They told us that nobody at the moment had any special dietary requirements such as pureed

or diabetic diets but said they had provided them in the past. The cook also explained what alternatives were available for people if they did not want what was on the main menu.

As part of our inspection, we carried out an observation over the lunch time period. Lunch looked appetising and was well presented, with good portions. We saw lunch was served by care staff from a heated Bain Marie. This meant that people were offered a choice with regard to the meal. For example, the meal of Spanish omelette, roast potatoes and beans was served by asking people if they wanted all parts of the meal. The cook said and people living at Marple Lodge confirmed that alternatives choices were available if they didn't like the particular meal available. We saw that some people preferred to eat their lunch in their room or in the lounge rather than the dining room and this was facilitated for them.

All of the people we spoke with were very complimentary about the meals provided and we were told there was more than enough food and drink available. One visiting relative told us "They provide a meal when of one of our family members visit, they are very hospitable and the food is all freshly cooked and of a good quality."

Is the service caring?

Our findings

The home had equality and diversity policy and a privacy and dignity policy and all staff had access to this document. During the inspection we saw staff respecting people's privacy and dignity in the way they approached people and offered support. For example we observed people were spoken to in a respectful manner and asked discretely if they needed assistance to go to the toilet.

One person living at Marple Lodge Care Home told they were very happy and, "The staff were very nice and kind." They told us they could do more or less what they wanted and they never had to wait very long if they needed any help. Another person said, "I am very happy, the staff are lovely and kind."

The visiting relatives we spoke with told us they were very happy with the care their relative received. They told us the staff were good at respecting people's privacy and dignity and one relative said, "The staff are always nice and the care is very good." Other comments included "It is nice because the staff take time to sit and chat with people, they are very interactive, it feels like a real family," and "The staff have got to know [their relative's] personality and have a personal relationship with [their relative]." One relative told us that the staff knew [their relative] very well," she was pleased to witness on one visit a member of care staff sat singing to her relative because they knew they loved to sing and they were really enjoying it.

Staff and relatives we spoke with said there were no restrictions as to when people could have visitors and we saw relatives and friends coming and going throughout the inspection. The staff appeared to know the visitors and have good relationships with them. One relative said, "The staff are lovely and very approachable and always offer you a cup of tea as soon as you arrive." Another comment was "The staff are just brilliant."

We observed that people were all well-groomed and appropriately dressed. Staff were observed to demonstrate a good knowledge of the people who used the service and their individual personal preferences. The atmosphere felt relaxed and people were seen to be freely moving around the home. People looked comfortable and content in their surroundings and in the company of staff.

We saw that staff were kind, patient and respectful in their interactions with people. One visiting relative said, "The girls here are splendid and are very good with [their relative] and always respect people's privacy and dignity." One relative described a situation they had observed where the staff responded in a kind and caring way with a person who had been very agitated and was shouting.

Information was present in people's care records about their individual likes and dislikes, hobbies and interests. For example, we saw one person liked to have quiet time in their room in the afternoon and listen to music or watch TV. Another person liked to have their sensory light on when they were in bed. This personalised information helped staff to provide care and support based on people's personal preferences. Information on people's lives such as their school life, adult life and work life was available to help staff better understand the individual.

Care plans contained information in relation to supporting effective communication with individuals. This included information on any communication aids such as glasses or hearing aids that the person might require.

Advanced care plans were in place which provided staff with information on how people wanted to be treated at the end of their life. At the time of this inspection, we were told nobody was receiving end of life care but it was a service they did provide. We saw from the training record that staff had not received end of life training. This meant without the specific training there was a risk that people could potentially receive inappropriate End of Life care. However, the advanced nurse practitioner we spoke with during the inspection said, "They really do well on providing good palliative care and will access relevant healthcare professionals to help with the care".

The manager told us that details of local advocacy services were available on request. An advocacy service provides an independent advocate who is a person who can help access information on a person's behalf and / or represent a person's wishes without judging or giving their personal opinion. The manager told us that an Independent Mental Capacity Advocate (IMCA) currently supported two people. The IMCA will help support the person to make decisions, will represent their views and should act in the person's best interests.

We saw that people's belongs were treated with respect. When we looked in bedrooms, we saw that a high standard of cleanliness was maintained, and clothes were folded in people's drawers or hung appropriately in wardrobes. Information held about people who used the service was locked in a locked filing cabinet when not in use.

Is the service responsive?

Our findings

At our previous inspection in February 2016 we found a breach of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) in relation to poor care planning because we found the plans of care contained conflicting information. During this inspection we found that improvements had been made. We saw that all care files had been reviewed and new documentation had been implemented

We examined four people's individual care records and care assessments. We saw that the care files included plans of care for areas such as choice and control, communication, personal care, nutrition and hydration, medical and health, mobility, social, cultural and leisure activities and sleep and rest as well as advanced plans of care for end of life wishes. Personal details and personal preferences were recorded in the plans of care. For example, preferred rising and retiring times, and it was documented in a person's care plan that they required staff to speak to them from their right side due to being hard of hearing in the left ear. However, the registered manager confirmed that short-term plans of care were not implemented for individual short-term needs such as a chest or urinary tract infection. This meant there was a risk that the care need may not be appropriately met. However during the inspection we did not see anybody who required a short term care plan and we were given assurances that these would be implemented as and when required.

We noted that although the risk assessments in the peoples care files had been signed and dated the individual plans of care had not. The registered manager acknowledged this shortfall and assured us this would be rectified.

Visiting relatives of people using the service told us that they felt their relative's needs were being met. One person told us, "[their relative] has never looked as healthy." Another relative said, "[Their relative] always looks very well looked after." A third relative told us their relative seemed much brighter and bubbly since coming to live at Marple Lodge.

We heard staff and people living in the home communicating well with each other and we saw people freely expressing their needs. We saw that staff responded appropriately in supporting people.

The registered manager told us that now all the care files had been reviewed and rewritten it was their intention to implement a monthly audit of the care files to ensure they are kept up to date and recognised the changing needs of people who used the service.

We saw that people's needs were assessed prior to admission. This information helped to ensure the home could meet the individual assessed needs of the person. The registered manager said people were encouraged to come and have a look round the home and, if it was appropriate and the person was able, they would be invited to visit the home and perhaps have lunch and meet the staff and other people living at the home before they made a decision about moving in. During this inspection, we saw a person on a visit, spending time at the home, meeting other people living at Marple Lodge, meeting staff and offered lunch. This helped the person to decide if they would like to spend time at the home recovering and recuperating

from some planned surgery. The registered manager said that at the initial visit the person, or their representative if that was more appropriate, would be encouraged to attend the home unannounced before making a decision to move in. Relatives spoken with confirmed this.

We saw that a statement of purpose and a service user guide was available for people which included key names and contact numbers, the organisational structure of the home, the aims and objectives of the home, information regarding the facilities available including meals, the complaints procedure, plus other relevant information.

Visiting relatives spoken with told us that staff were very good at keeping them informed about their relative's general wellbeing. One relative said, "Staff always let us know what is happening with [their relative]." Another relative told us "The staff are very receptive and they always phone me."

We saw staff spoke to people in a friendly manner and respected their wishes.

At our previous inspection in February 2016, we found a breach of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) in relation to the lack of activities available for people. During this inspection, we saw that improvements had been made.

The registered manager told us and we saw evidence that monthly entertainers were booked, for example, animal therapy, singers and a key board entertainer. We saw evidence of activities such as musical movement, bingo, floor skittles, Halloween and the Queen's birthday party, listening to music, trips out to a local memorial park, local cares and local shops. We were also told that the home received visits from members of local churches.

One visiting relative told us they really liked the fact there was now a notice board advertising the upcoming activities so they could that they could organise their time to attend them with their relative. They also told us that there were more activities available since the new manager took up post. They told us their relative liked afternoon tea which was now happening on a regular basis.

People and visiting relatives told us they had never made a formal complaint but would feel confident to do it they had any concerns and felt their concerns would be listened to and taken seriously.

A copy of the complaints procedure was on display in the main entrance, on the back of peoples bedroom door and was included in the home's statement of purpose and service user guide which was given to people on admission and indicated who to contact should they need to raise a complaint and the timescales for action in response to the complaint.

We saw there was a complaint log and a separate complaint investigation record which included a copy of the outcome of the investigation that was sent to the complainant. We saw three complaints had been received since the previous inspection and appropriate action had been taken.

Is the service well-led?

Our findings

A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. At the time of our inspection the manager had been registered with CQC since June 2016 and was present throughout the three days of inspection.

At our previous inspection in February 2016, we found a breach of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) because the provider did not have robust quality assurances systems in place. During this inspection we saw that improvements both had been and were continuing to be made.

Part of a registered manager's or registered provider's responsibility under their registration with the Care Quality Commission is to have regard to, read, and consider guidance in relation to the regulated activities they provide, as it will assist them to understand what they need to do to meet the regulations. One of these regulations relates to the registered managers/registered provider's responsibility to notify us of certain events or information. We checked our records before the inspection and saw that accidents and incidents that CQC needed to be informed about had been notified to us by the registered manager.

Since the previous inspection, the registered manager had worked hard to address the breaches in regulations that were found at that inspection. For example, all new care planning documentation had been implemented, staff training had improved, there were meaningful activities available to people. CQC had been appropriately notified of incidents, safety checks had been implemented and staff appraisal and staff supervision had been carried out.

However, systems to monitor the quality of the service to ensure people received safe and effective care still required some improvement as our inspection continued to find breaches in the regulations. The registered manager told us they were aware of the need to now implement structured processes for regularly auditing care plans, accidents and incidents, staff training, complaints, safeguarding, infection control and general cleanliness of the home and all aspects of the medication administration records.

The above examples demonstrate a continued breach of regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Discussions with the registered manager and staff demonstrated they had a good understanding of the aims and objectives of the service. There was notice on display in the main reception which read 'Our residents do not live in our workplace we work in their home.' The registered manager told us that motto is crucial for staff to remember in order to provide the best care possible for people living at Marple Lodge Care Home.

There was a clear management structure in place and staff were aware of their roles and responsibilities. Staff spoken with made positive comments about the way the home was being managed and all said they thought everything about the home had improved since the registered manager had taken up post. One staff

member said, "The new manager has high standards and they have worked really hard to improve standards." Staff told us that the home was a lovely place to work and "All the staff get on really well and the all the residents are happy and they get really good care." Staff knew what was expected of them and understood their role in ensuring people received the support they required and their responsibility to provide this in a caring way.

Visiting relatives told us they thought was home was well managed and that people were well cared for. One relative told us "This manager is the best manager this home has ever had." Another relative said, "Things have definitely improved."

The service was aware of the importance of maintaining regular contact with people using the service and their families. We saw that questionnaires had been sent out to relatives in May 2016 asking people to comment on the quality of the service provided. We saw that five questionnaires had been returned. We saw the majority of received comments were positive for example 'The staff appear to be wonderful.' Other comments included 'The accommodation is very homely and staff are friendly' and '[their relative] looks good and well cared for. I can't think of anything that would be an improvement, keep up the good work and thank you.' We saw action had been taken in response to one comment received. The registered manager said it was her intention to send a quality assurance questionnaire to visiting health care professional in the New Year in an attempt to obtain their views of the service delivered to people.

Before our inspection, we checked with the local authority commissioning team and safeguarding team, and they informed us that they did not have any concerns about Marple Lodge Care Home and were satisfied with the improvements being made.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider did not ensure that valid consent had been sought ensuring people's rights were protected. Regulation 11
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment We found that the registered provider had not protected people against the risks associated with the safe administration and management of medicines. Regulation 12 (1) (2) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to monitor the safety and quality of the service required improvements to ensure compliance with the regulations. Regulation 17(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People were not protected against the risks of unsafe or inappropriate care as staff had not received all necessary training to carry out their role. Regulation 18 (2) (a)

