

Careconcepts Limited

Marion Lauder House

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Marion Lauder House is a care home providing personal and nursing for 66 older and younger adults and people living with dementia, at the time of the inspection. The service can support up to 79 people.

The home consists of two floors providing care and support across four separate units.

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

The home was exceptionally well led. There was a continuous ethos of learning and improvement for the people, the staff and management of the home. Everyone we spoke with felt wholly supported by the management team. The provider and registered manager had complete oversight of the home and were at the forefront of it. The service supported research and progression of other health and social care services which resulted in positive outcomes for the people living at Marion Lauder House and other services.

Staff were extremely caring and ensured the care provided was person centred. Staff ensured people were cared for as they would have been in their own homes. People were supported to enjoy the things they previously had such as listening to their favourite music and all staff were fully aware of people's needs and strived to support independence and wellbeing. People were treated as individuals and their individuality were valued and supported.

The provider had recognised that support with eating and drinking was paramount to ensuring people received a healthy and nutritious diet. This would enhance people's health and well-being and the provider worked hard to achieve this. Staff were very positive about the varied training provided and were supported by external professionals and projects to enhance their knowledge. Links with health and social care professionals were positive and the right support was gained at the right time to ensure people remained fit and well. The environment was constantly being reviewed to ensure it remained suitable for the changing needs of people and the provider ensured it was decorated to people's current tastes.

Care plans were in place which captured people's needs. Staff could accurately describe individuals plans of care and people were involved in developing and reviewing them along with people and their representatives. A range of activities were available and well attended across the home. Activities were person-centred and were held individually and in groups. All comments about activity provision was positive.

People were supported to remain at the home should they be at the end of their life. The home was six steps accredited which meant they provided truly person-centred and high-quality end of life care.

People were safely supported to live at the home. Risks were assessed, monitored and reviewed. Staff were aware of any risks and how to reduce them. Medicines were safely managed, and people received their medicines as prescribed. Staff were recruited safely.

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

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

Rating at last inspection;

The last rating for this service was good (published 13 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

Marion Lauder House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of one inspector, and assistant inspector and an Expert by Experience. An inspector and assistant inspector returned for the second day of inspection.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection, we spoke with the registered manager, the provider, two nurses, a senior care worker and four staff members. We spoke with 14 people who lived at the home and two relatives. We also spoke with two visiting health professionals. We reviewed seven people's care plans and associated documents. Six people's medicines records. Four staff recruitment records, staff supervision and appraisal records and staff training. We looked at audits used to monitor and improve the home and documents pertaining to the health and safety of the home.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were safely managed across the home. Staff received training and competency checks of their ability to safely manage medicines.
- Medicines were clearly recorded and signed for once administration had taken place.
- Protocols were in place for people who could not communicate to guide staff when they needed pain relief. The protocols gave signs and symptoms for staff to look out for which may indicate someone was in pain.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse and felt safe and secure while living at Marion Lauder House.
- Staff could accurately describe what action to take should they suspect any potential abusive practices. One staff member told us, "We are open and transparent, [registered manager] knows everything, we communicate all the time and we feel fully confident to share any practices that are not right."
- An effective safeguarding policy was in place to underpin the staff's awareness of raising concerns and had been included in the organisations 'policy of the month' where staff were supported to review a policy and understand the contents.
- One person told us, "Yes, I feel safe here, have never thought about comparing this to my own home but I don't want to go back to my own home now."

Assessing risk, safety monitoring and management

- Risks were assessed and regularly reviewed. Staff were aware of risks and could accurately describe what action to take to reduce the likelihood people would be harmed.
- The safety of the home was continually monitored. Regular checks were completed to ensure the environment and equipment used was safe.

Staffing and recruitment

- Staff were recruited safely and had the appropriate pre-employment checks in place before employment commenced. Nurses registration details were checked to ensure there was no restrictions on them to practice.
- Staffing levels were good, and staff were very visible throughout our inspection. Every person and relative we spoke with were complimentary about the staffing levels. Staff told us they were never in a position where they were short of staff.
- Agency staff were used to cover staff shortages. The manager ensured they used consistent staff and were part of the wider staff team. Agency staff knew people's needs well and showed they had the relevant

experience to support the home.

Preventing and controlling infection

- The home was very clean, and a designated team of housekeeping staff worked daily to ensure the cleanliness was upheld.
- There had been a recent increase in chest infections among some people living at the home. Staff had worked effectively with the infection control team and followed guidelines to manage this.
- Staff received training in infection control and were aware of their responsibilities to reporting anything concerning such as illness.

Learning lessons when things go wrong

- Accidents and incidents occurring at the home were clearly recorded and analysed to look for patterns and themes to help prevent further occurrences.

Is the service effective?

Our findings

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

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

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

- People experienced a person-centred approach to ensuring their nutrition and hydration needs were met. There was a strong emphasis on the importance of people receiving a high quality and nutritious diet and fluid intake. For example, the chef ensured milkshakes were available daily for those at risk of malnutrition. These were made from cream, full fat milk and icing sugar.
- People were fully involved in meal planning and the kitchen staff had a preference list of food and drink for each person living at the home. This ensured people received their favourite food and a varied diet.
- People's preferences were catered for such as smaller portions of food were offered throughout the day. One person who preferred spicy food was cooked a portion of onion bhajis and spicy chicken in which they could snack on throughout the afternoon. This helped to maintain their weight.
- Staff had carried out extensive research into foods which could help promote skin healing. For example, high protein foods such as chicken. Where people had been supported to eat such foods, some people's skin health had improved.

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

- Staff completed a thorough assessment of people's needs prior to them moving into the service. Assessments captured a holistic picture of the person's needs and followed best practice guidance from the National Institute of Clinical Excellence (NICE).
- Creative methods to holistically assess people's needs were used. For example, one person who lived with dementia, had been reluctant to accept a move to the care home. The registered manager had understood they needed a purpose for the move and they had agreed to move into the home on the basis that it was a job with accommodation. They were given jobs around the home and interviewed as part of the assessment process. The transition was successful for this person.

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

- People living with dementia benefited from the layout of the home which ensured people had the space they needed to explore whilst being safe in the environment. There were various places for people to stop and rest such as the bus stop and benches which were popular areas for people to meet up and enjoy some reminiscence.
- Communal rooms were decorated in themes with one room being 70's themed with 70's patterned wallpaper, a record player and records of Neil Diamond and the Beatles. 70's crockery was used in the room. This was a popular room for some people as it brought back memories and was used to enable conversation with people.
- People living with dementia were supported to understand the difference between day and night. One

room had the image of the sky, electronically lit up on the ceiling which could be darkened once the sun sets. This assisted people to interpret what part of the day it was and to reduce confusion.

- Signage used around the home was dementia friendly and specifically designed to aid comprehension for people living with dementia. Doors such as toilets were painted a different colour to make them clearly identifiable.

Staff support: induction, training, skills and experience

- Staff received a robust induction and training package which enabled them to develop the skills they needed to effectively carry out their job role. Staff spoke positively of the training,
- Training was tailored around people's needs. One staff member said, "I asked for training on Parkinson's, so I could understand more about the way [person's name] is. The next day, [registered manager] had organised it. Nothing is too much trouble."
- Staff knowledge was tested as the registered manager had introduced 'Relating theory to practice' (RTP) sessions.
- Staff received regular supervision and appraisal where career progression was discussed and planned. The provider had an ethos of educating and promoting staff members, even if that meant the staff went on to work elsewhere.

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

- People were supported to remain as healthy as possible. Staff worked with the 'nursing home support team' to achieve this. People received a faster diagnosis and treatment of conditions without the need for admittance to hospital due to positive working with the team. The nursing home support team told us, the staff team were very responsive to identifying concerns which enabled a prompt treatment plan and reduced any hospital admissions
- Staff recognised the importance of good oral hygiene and ensured people were supported to clean their teeth and had access to a dentist. Where people refused staff would try again at different times or with a different staff member or approach.

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

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had as much control over their lives as possible. Capacity assessment were carried out where required. Where people lacked capacity, decisions were made in people's best interests.
- Care plans contained detailed information about support people needed to weigh up information and how best to provide this information to aid understanding. For example; in pictorial format or, using closed

sentences or other forms of communication aids.

- Where required applications had been made to seek authorisation to deprive people of their liberty to safeguard them.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Staff were extremely caring and kind to people and their relatives. People were happy living at the home and relatives were assured their family member was in safe and caring hands. Comments included, "It's fantastic, I don't think I would survive without them (staff)." and "I am so relieved they are here, they are so caring. They are supportive, I am amazed."
- Staff were extremely respectful to people living at Marion Lauder House and regardless of people's abilities, ensured wishes and preferences were honoured. For example, when someone could no longer attend religious services, staff downloaded sermons from the internet to ensure people could listen to passages being read from religious texts.
- Staff spoke about people with affection and could accurately describe people's needs and in particular, what was important to them. For example, staff said, "[Person's name], loves the Rolling Stones, on a Sunday, we put them on and they do the air drums and I do the air guitar. We have an alcohol-free beer and they have a cigar, they told me, 'This is heaven'." Another staff member told us, "[Person's name] loves Manchester City, they watch the match on my phone (if not on the TV), they love it. I make sure I know when the football is on, so they do not miss the game."
- Staff ensured people maintained regular contact with their partners and families. Staff regularly checked people's mobile phones remained charged, so they did not miss important phone calls.
- Relatives told us they genuinely felt included by the staff. One relative told us, staff had hugged her and offered words of support when their relation was distressed.
- Staff were passionate about delivering person-centred care. and one member of staff told us, "I absolutely love my job. It's the little things here, like, we check which toothpaste people want to use, not just use any as some people don't like certain flavours. It's the little things that matter."

Respecting and promoting people's privacy, dignity and independence

- Staff were passionate about improving or maintain people's independence and helping people to feel valued in the home. For example, one person was extremely proud of the strawberries they had grown with staff help. They were also responsible for collecting the daily newspapers from the shop. This had given them a sense of self-worth.
- People received highly effective, sensitive and respectful support at times of distress. Staff immediately recognised the signs of distress and intervened with care and compassion. Staff used gentle touch to soothe people and held people's hands to provide reassurance. Staff spoke with an understanding manner and used appropriate humour to relax people. The calm relaxed and friendly atmosphere aided people to feel less anxious.
- Staff were excellent at promoting the privacy, dignity and independence of people. People assisted with

the laundry and light cleaning tasks which gave people a sense of achievement and promoted independence. People who helped out had become an integral part of the house keeping team and this supported people to keep active.

- Staff demonstrated high levels of commitment to ensure people's privacy and dignity was maintained. For example; as part of their training, staff were lifted in a hoist, so they experienced how it felt. This prompted staff empathy and they ensured they constantly checked people were feeling safe, secure and comfortable during the task.

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

- Staff were highly motivated to empower people to feel involved, listened to and respected. For example, where English wasn't a first language, staff learned simple phrases to aid communication.

- Staff actively listened and encouraged people to be involved making decisions about their care and support. They ensured they involved advocacy support where needed to ensure people's voices were heard. One person had expressed they wanted to move back home to be with their partner. The service had supported both people to allow this to happen. This significantly improved the wellbeing of each individual.

- Life stories had been developed to enable staff to understand people's background and relate to the person. People and families and friends had contributed to the life stories and they were used to develop conversations and reminiscence.

People's life history was recorded and used to develop conversations. Life stories had been developed from people's and family's experiences and enhanced people's sense of identity and understand people's needs and wishes.

- Relatives felt extremely valued by the staff team and told us they were involved in reviewing care and support needs for their relation. Relatives told us, they had been able to have difficult conversations with staff, for example around end of life care or illness and felt supported and reassured by the staff teams' response.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People were supported to live as full a life as possible based on their preferences. People were supported to attend a wide range of activities in and away from the home. Activities were completed in groups or on a one to one basis and throughout our inspection, there was always a flurry of people eager to join in.
- Staff were eager to develop people's interests. One person enjoyed banging the tables as if they were playing a drum and the staff joined in with the piano. Another person was supported to go out to the pub each week to meet their friends.
- Arts and crafts, music and dancing, and Oomph were a favourite of all the people we spoke with. Oomph is a person-centred exercise and activity programme to keep people active. A rummage box was used for people living with dementia, this included tactile objects to keep hands busy.
- Assistive technology was used in the form of an Amazon Alexa where people and staff asked questions and played games.
- The providers dogs regularly visited the home and staff were aware of who would and wouldn't welcome a visit. It was clear the dogs brought people much comfort as they sat on their knees and stroked them.
- Families and friends were welcomed at the home and encouraged to be an integral part of people's lives.
- The staff engaged with local religious leaders who visited the home to offer support and prayer to people from all cultures.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care based on their likes and preferences. Care plans were personalised, and captured people's needs accurately. They were continually updated to reflect the changing needs of people.
- Staff had a good understanding of people's needs which enabled them to provide consistent support. Care plans were stored electronically, and staff had access to electronic devices. They told us; "The care plans are much better, we can now document everything in real time and it's very easy for me to come on shift and review what's happened overnight" and "We can set up well-being checks for people in their rooms which confirms we have checked on people and they are okay."
- Information about the home was available in large print and there were links to other organisations which could produce information in alternative formats.

End of life care and support

- People were treated with dignity and compassion at the end of their life. Staff received training in

supporting people at the end of their life. The home had received the Six Steps Accreditation which is a programme to enhance end of life care in services.

- Care plans captured people's personal preferences for end-of-life care and staff had good knowledge of people's religious or cultural requirements.
- Marion Lauder House extended its hospitality and support to relatives during this difficult time and ensured they had a room to sleep in, freshen up and food when they required.
- Emotional support was offered to staff and people living at the home after the loss of their housemate or friend.

Improving care quality in response to complaints or concerns

- People and their relatives were fully aware of how to raise any concerns they had. Any concerns or complaints were recorded and promptly acted upon.
- People and relatives confirmed, that when they raise concerns with the staff team, for example, a missing item of clothing, that a staff member will quickly deal with it. One person told us, "I will only ask to see the manager when its necessary."
- The provider and registered manager had an open-door policy and welcomed people and relatives raising concerns or complaints and used this an opportunity for learning.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People' communication needs were considered as part of their initial assessment, such as the use of a translator or visual or hearing aids.
- Information of how to meet each person's needs was captured in the care plan to give directions for staff to follow to enable them to effectively communicate with others which included being sat in a particular position or using closed sentences.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The provider and registered manager were at the helm of the service and they provided strong and effective leadership. The registered manager's ethos for providing the best care for people was embedded across the home. The registered manager's passion and dedication to their role had led to them becoming the 2019 runner up for Registered Manager of the Year in the Great British Care Awards.
- People and relatives had high levels of satisfaction with the service. Leaders were visible, open, approachable and transparent. Work to allow permitted family members to view certain records about their relative was in motion. This was to further enhance the communication already in place between relatives and the staff. Thank you, cards demonstrated this positive feedback, they said, "A truly great manager is hard to find."
- Feedback from people and relatives was extremely positive. Relatives said without doubt they would recommend Marion Lauder House to anyone and staff told us, they would absolutely pick the home for one of their relatives.
- The vision and values of the registered manager and other leaders filtered into the whole staff team which enables the staff team to achieve positive outcomes for people. All leaders were held in high regard by staff. One staff member told us, "I go to [staff member], she is really experienced, I call her my work Mum."
- Staff were extremely respected and valued and were awarded with staff member of the month as well as the annual staff awards. Staff proudly spoke with positiveness about working for the organisation and told us, "Because of the management, we genuinely care, we want to improve and be the best we can be. and "I stay here because of [registered manager]. She really wants these ladies and gentlemen to have the best." This gave staff the additional drive to strive to provide the best care and support for people living at the home.
- We observed a staff member receiving recognition for 25 years' service. Staff told us this was a regular occurrence and they were regularly rewarded with 'Perk box' which gave gifts and money off vouchers to employees.

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

- The provider and registered manager were extremely motivated to promote a culture of continuous learning in order to improve the care for people living at Marion Lauder House. The home had recently scored 100% on their most recent assessment for dementia care from the local authority which confirmed people living with dementia were holistically cared for.

- The provider led a group of providers from other care services to share ideas and work collectively to achieve the best outcomes for people. In addition, the registered manager led the local registered managers forum and was keen to share best practice and learn together.
- The provider worked with educational establishments and research organisations to trial and pilot studies to improve the outcomes for people living in the home. For example; recent work with Research Ready Care Home Network (ENRICH) had been supporting staff and people living at the home in new activities and to stimulate people to create an interest in their own health and wellbeing.
- The provider was in the process of creating a partnership with other employers and the university to support people to work in adult social care. This was a part of the provider's business plan for recruitment and retention of staff. This included sponsoring nurses from overseas and providing high level clinical training to enhance the skills they already had.
- The provider and registered manager had a wholly positive relationship with health and social care professionals, education establishments, people living at the home, their relatives and staff. A visiting health professional told us, "Marion Lauder House are very involved in patient care, they have robust links to professionals such as old age psychiatry and they are a real credit. They don't have knee jerk reactions and they accept behaviours and will work with us and are keen and approachable."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance audits to monitor and improve the service were regularly completed and where improvements were highlighted, this fed into an action plan which was reviewed weekly.
- There were robust policies in place to support the management of the home. A survey had been completed with the staff to check their knowledge and which policies they thought were most suitable for their job role. This enabled the registered manager to understand staff's awareness.
- Staff were supported to gain further qualification in their role and opportunity to be promoted into the management team. Staff were given additional training to become 'champions' of specific areas of care which gave them the extra responsibility and the desire to improve themselves.
- There were clear lines of communication between the entire staff team at the home. One staff member told us, "We all communicate well, days, nights and agency staff. This meant communication was very good and information was shared promptly as required,
- The provider was accredited with the 'Investors in Peoples Award' which meant the organisation developed leading practices and employee conditions to enable them to train and retain staff to the highest level. They also worked with a research network to improve the lives of older people in care homes which had begun to support people to take an interest in their own health and wellbeing and provide further stimulation.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager consistently informed people, their families and staffing of any changes to their relations well-being. They welcomed comments and concerns and always used them as a learning opportunity as well as ensuring they were responsive to the comment and concerns and apologised when something went wrong.