

Southey Care Limited

Marchfield House

Inspection report

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and 20 November 2015
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 17 November 2015 and was unannounced. The inspection continued on 19 and 20 November.

The service is registered to provide personal care with accommodation for up to 22 adults. The service has 22 ensuite bedrooms some with walk in showers and others with baths. The service has a large open plan living and dining area that people are free to use at any time. The living area overlooks a patio area which leads into a level access garden. The accommodation is over two floors

and the first floor can be accessed by two stair lifts or a passenger lift. Each room has a call bell so that people can call for help when needed. There is a fully equipped hairdressing salon situated on the ground floor.

The service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

Summary of findings

People told us that they felt safe living at the service, one person told us, “I’ve had a lovely life and now I’m here which is great”. A health professional told us, “People are safe here due to staff attention, retention and their caring nature. It makes a difference and I can see that”. Staff were able to tell us how they would recognise if someone was being abused and what they would do. Staff told us that they had received safeguarding training and the training records we reviewed confirmed this.

There were policies in place for a number of areas such as safeguarding, complaints, behaviour that challenges the service and whistleblowing however, they were reflective of the old Essential Standards and Regulations. We raised this with the registered manager who agreed to review and update the services policies.

Care plans were in place which detailed the care and support people needed to remain safe whilst having control and making choices about how they choose to live their lives. Each person had a care file which also included individual assessments and guidelines to make sure staff supported people in a way they preferred. Risk assessments were also completed, regularly reviewed and up to date.

Each person had a personal emergency evacuation plan in place which detailed how people were to be supported in the event of an emergency. These plans were regularly reviewed and up to date. There was also an emergency contingency plan in place which had details of what staff should do to keep people safe in the event of a failure of service for example a gas leak, numerous staff sickness and failure of electric to name a few.

Medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines.

Staff had a good knowledge of people’s support needs and received regular mandatory training as well as training specific to their roles for example dementia, pressure area care, nutrition and diabetes. Some people staff were supporting presented behaviour which challenged the service however; only two out of 15 staff had received training in this. Staff told us that they would find this training useful.

People had a capacity assessment in place and care files we reviewed showed evidence of best interest meetings

taking place. Staff were aware of the Mental Capacity Act. Deprivation of Liberty Safeguards applications have been completed for everyone and these have been sent off to the Local Authority.

People and relatives said that the food was good. One relative told us, “Food is brilliant. The chef is very good. There are certain things mum can’t eat, they accommodate this”. The majority of people ate their meals in the dining area and staff ate with them. People who were supported in their rooms had isolation charts in place which recorded their fluid and food intake. Most meals cooked are homemade and those cooked on the days of the inspection looked and smelt very appetising.

People and relatives told us that the service was caring. One person told us, “Staff are very good, helpful and have a friendly manner”. A relative told us, “The care for my mum is spot on”. Staff acknowledged people as they entered the room and communicated with them at eye level rather than standing over them. Staff told us how they liked to be able to spend quality time with people to have conversations and do activities with them. People’s privacy and dignity was respected, if people required support with personal care they were supported discretely back to their rooms and doors were closed. One relative told us, “they are always treating her with upmost dignity”.

Peoples care files had admission assessments in place and the information from these formed the foundation of their individual care plans, individual assessments and support guidelines for staff to follow. There was evidence that these were regularly reviewed in response to peoples changing needs. A relative told us, “Mum gets all the care she needs. It is a bit more difficult as she has dementia and can’t tell them. But staff pick up on it and respond to her”.

The service carried out annual feedback questionnaires which are sent to families, health professionals, staff and people who have capacity to understand them. Feedback is gathered and outcome letters are sent back out. There was no evidence of an action plan in response to feedback collected. The responsible individual told us that outcome and actions are generally discussed and acted upon informally and not recorded. A relative told us, “There is a survey once a year. We have informal discussions about results”. Overall the feedback reviewed during the inspection for 2014/15 was very good.

Summary of findings

Complaints were recorded and acted upon quickly with an average turnaround of 48 hours from those reviewed. A relative told us “I have raised concerns once or twice and these issues have been sorted straight away”.

People, staff, relatives and health professionals all said that they felt the home was well managed. One relative told us, “The manager is always accessible and takes note of what I ask”. The manager encourages an open working environment for example, we observed on several occasions staff coming up to them or visiting the office to discuss matters with her.

The responsible individual carried out annual quality audits which covered areas such as health and safety, infection control, accidents and incidents, environment and a planned programme of maintenance and replacement. There has been a lot of investment put into the service making the living environment safer and homely for people to live in. A health professional told us, “I have been coming here for 10 years and have seen great transformation here”.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. There were sufficient staff available to meet peoples assessed care and support needs.

Staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

Risk assessments and personal emergency evacuation plans were in place and up to date.

Medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines

Good



Is the service effective?

The service was effective. People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005. Capacity assessments were in place and best interest meetings took place.

People were supported to eat and drink. Fluid and food intake was recorded but there was no evidence of peoples involvement in menu planning or records of peoples food likes or dislikes.

People were supported to health appointments and health professionals regularly visited the home.

Good



Is the service caring?

The service was caring. People were supported by staff who knew them well and spent time with them.

Staff had a good understanding of the people they cared for and supported them in decisions about how they liked to live their lives.

People were supported by staff who respected their privacy and dignity at all times.

Good



Is the service responsive?

The service was responsive. People were supported by staff who recognised and responded to their changing needs.

People were supported and encouraged to be actively involved in a variety of different activities with each other and staff.

Peoples feedback was used to make improvements to the service which benefit the people who live there.

Good



Is the service well-led?

The service was well led. The registered manager promoted and encouraged an open working environment.

People were supported by staff who use person centred approaches to deliver the care and support they provide.

The registered manager was flexible and works care shifts when necessary.

Good



Summary of findings

Regular quality audits and staff competency checks were carried out to make sure the service is safe and that staff had the skills they need to do their job.

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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 took place on 17 November 2015 and was unannounced. The inspection continued on 19 and 20 November. The inspection was carried out by two inspectors on the first morning of the inspection and a single inspector for the remainder of the inspection.

Before the inspection we looked at notifications we had received about the service. We spoke to the local authority contract monitoring team to get information on their experience of the service. We also looked at the last two contract monitoring visit reports from February and June 2015.

Before the inspection we did not request a Provider Information Return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and what improvements they plan to make. We gathered this information from the provider during the inspection.

We spoke with four people who use the service and three relatives who were visiting people during the inspection. A Community Psychiatric Nurse, a Health Care Assistant and a Chiropodist who all had experience of the service provided feedback during our inspection. We spoke with the Registered Manager and Responsible Individual. We spoke with an agency staff member, three care staff and the chef. We reviewed three peoples care files, Deprivation of Liberty Safeguards applications, best interest assessments and meetings. We looked at policies, medication records, emergency plans, risk assessments, health and safety records and management audits of the service. We walked around the building and observed care practice and interaction between care staff and people who live there. We looked at quality surveys which had been carried out in 2014/15, three staff files, the recruitment process, training and supervision records.

Is the service safe?

Our findings

People said that they felt safe in the service. One person told us, “It’s comforting and homely here with no strict rules”. Another person told us “This place is free and easy, I can move around when and where I like”. A further person commented, “I’ve had a lovely life and now I’m here which is great”.

Relatives were positive about the service. One relative told us, “I know my mum is well looked after. They talk and interact with her to get her to smile and laugh”. They also said to us, “I feel so lucky mum came here. I have no concerns”. Another relative told us, “We are very happy. It’s a good standard here, I think the staff are pretty good and appear well trained”.

A health professional told us, “People are safe here due to staff attention, retention and their caring nature. It makes a difference and I can see that”.

Staff were able to tell us how they would recognise if someone was being abused. Staff told us that they would raise concerns with senior staff or management. Staff were aware of external agencies they could contact if they had concerns including the local authority safeguarding team and the Care Quality Commission. Staff told us that they had received safeguarding training and that it was regularly updated. We looked at the training records which confirmed this

Risk assessments were completed by senior staff and the manager. There was a task based risk assessment folder in the office which covers a number of daily tasks for example, assisting people to tables and sitting, clearing broken glass, assisting a fallen resident, moving a person who uses a wheelchair and walking around the home. The assessments identified control measures in place and any new ones to be introduced. As risk assessments were reviewed and updated, staff were made aware via staff meeting or the communication book and were required to read and update themselves.

The service used inappropriate behaviour logs for people who may challenge the service. There was evidence that these logs captured key information about events which

had taken place. There were behaviour guidelines for staff to follow in the individual’s folder. The service did not review or analyse the data collected in the logs which could help identify trends..

People had Personal Emergency Evacuation Plans which were up to date. These plans detailed how people should be supported in the event of a fire. The service also had a failure of services emergency plan. The Registered Manager said that they had a verbal agreement with the service next door to house people in the service in the event of an emergency whilst temporary accommodation was sought.

The Responsible Individual reviewed the staffing levels using a staffing dependency tool. This was last reviewed in September 2015. Currently four staff work 8am – 8pm and two staff work 8pm – 8am. We reviewed four weeks of rota all of which reflected this ratio with the registered manager having to work three of the day shifts and one of the nights. The Responsible Individual told us that they would put on additional staff as and when people’s needs changed. Staff felt that the staffing levels were ok. A relative told us, “There are plenty of staff about. They know what they are doing. The newer staff pick it up pretty quickly and the senior staff help the newer ones”.

Recruitment was carried out safely. The staff files we reviewed had identification photos, details about recruitment which included application forms, employment history, job offers and contracts. There was a system which included evaluation through interviews and references from previous employment. This included checks from the Disclosure and Barring service (DBS). They also included induction records.

Medicines were managed safely. Medicines were securely stored and only given by staff that were trained to give medicines. A person’s relative told us, “I am confident she is getting her medicines.” We saw staff waited with a person while they took their medicine and offered a drink. Medicines were signed as given on the Medicine Administration Records (MAR) and were absent from there pharmacy packaging which indicated they had been given as prescribed.

A health professional told us, “Staff proactively prompt reductions in peoples sedating medicines and are interested in finding non-medical ways of supporting people”.

Is the service effective?

Our findings

Staff were knowledgeable of people's needs and received regular training which related to their roles and responsibilities. We reviewed the training matrix which confirmed that staff had received training in topics such as moving and handling, first aid, infection control and mental capacity act, to name a few. There was also training specific to people who use the service in topics such as dementia, pressure area care, nutrition and diabetes. Although this showed that staff had the right training to deliver effective care to those they were supporting it was noted that some staff were in need of a refresher in dementia awareness. This was discussed with the registered manager and responsible individual who said that they were looking for a more comprehensive course.

The training matrix showed that two out of 15 staff had received challenging behaviour training. Staff said that they would find this training useful. This was discussed with the Registered Manager who contacted the training provider during our visit with a request for this training to be delivered in January 2016.

The service had a behaviour that presents a risk policy. There was also a procedure for when people who use the service may become violent or aggressive. Both mention the use of restraint. Staff said that they do not use restraint. If untrained staff used restraint on people may cause risks to those involved. This was discussed with the registered manager who had the section removed from the procedure.

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.

Staff were aware of the Mental Capacity Act and how to support people with decision making. One staff member told us that if someone lacks capacity to make a decision which may affect their wellbeing they would speak with the senior to see if a best interest decision needed to be made. If it did then a meeting would involve the manager, health professional, relatives and next of kin. Care files showed

evidence that mental capacity assessments and best interest meetings had taken place on topics such as administration of medication and producing a person centred plan.

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. Everyone in the service has had a Deprivation of Liberty Safeguards application completed which have been sent off to the Local Authority for assessment. One person who was supported in bed had a consent for bed rails form completed and signed for by the daughter. We observed a staff member supporting a person who lacked communication and capacity at lunch time. The staff member showed the person two food options and the person smiled at their preferred choice. This showed that the five principles to decision making was embedded in daily practice.

People said that they enjoyed the food. People in the lounge had drinks in front of them and people were prompted to have a drink. A relative told us, "They do help them eat if they are not managing well". We observed a staff member sitting with a person assisting them to eat, the staff member waited until they had finished what was in their mouth before offering more food. The registered manager told us that staff sit with people in the dining area to eat and that people like this. We observed this taking place which stimulated conversation between people and staff which added to the homely relaxed feel of the service. A relative told us, "The food is ok. They do say; if you don't like the meal you can have something else". The relative also told us "She has lost some weight. They picked up that she had lost weight as they weigh her regularly. They gave her supplements". Another relative told us, "food is brilliant. The chef is very good. There are certain things mum can't eat, they accommodate this".

People who are supported in their rooms had isolation charts which recorded people's food and fluid intake. The chef was able to tell us who had soft diets and who had other dietary requirements. These were also logged in the kitchen. The chef told us, "I am open to requests; a relative asked me to make a person their favourite cake which I did. I also make Birthday cakes for everyone". People did not have regular involvement in menu planning and their food likes and dislikes were not recorded. This was discussed with the registered manager who said that people often change their minds which made this difficult.

Is the service effective?

People had access to healthcare as needed. One person told us, "If I had a medical or health concern it would be attended to swiftly". Another person told us, "I had a bowel issue which staff supported me with well and arranged appointments and visits". Another commented, "Staff were very helpful following an accidental fall I had. Staff responded quickly, called an ambulance and supported me both in hospital and on discharge". A relative told us, "They get the GP or nurses straight away at the first signs of anything being wrong". Another relative said, "Mum is seen by the Community Psychiatric Nurse and GP". We observed that people who had health visits were seen in a private area. Health visits were recorded and detailed the date, reason for the visit, action taken and who the person was seen by. The home had arranged with the local GP to do weekly visits to the service and see people on request. The registered manager told us that this was working well; staff communicated outcomes and or concerns to the senior staff who then share it with the manager.

The service had undergone some building, adaptation and decoration work. The dining and living area is open plan with plenty of space for people to move around safely. A new lift had been installed making it safer for people to get downstairs and for equipment to be moved between floors. A hairdressing salon had been built and a hairdresser visits regularly to do peoples hair. A staff member told us that notices were displayed prior to the building work starting and that the manager held a meeting with families who may have been concerned. A relative told us "I was kept informed of what was going on during the building work". The registered manager and responsible individual told us that they were planning to extend the kitchen area. Create more storage, move the laundry room and build a new office and staff training room. A health professional told us, "I have been coming here for about 10 years and have seen great transformation here".

Is the service caring?

Our findings

People said that the staff were caring. One person told us staff were, “very good, helpful and had a friendly manner”. Another person said, “I am a happy person, people here are nice, happy and love to have a laugh and joke which is important to me”. A relative told us, “The staff are very good, they are caring”. Another relative commented, “The care for my mum is spot on”.

We spoke with an agency staff member who hadn’t worked in the service before. They told us that the home was lovely, calm and relaxed. They told us how the staff had welcomed her and introduced her to people who live there. They also told us how they liked how staff were able to enjoy quality time with people; talking with them and doing activities rather than the shift being task based with no time to spend with people.

We observed staff acknowledging people as they entered the room on several occasions. People were relaxed in staffs company. Staff communicated with people on several occasions at eye level rather than standing over them. Visitors were made welcome and relaxed with staff. We observed one family sharing jokes with staff in a familiar and comfortable relationship.

People said that if they had a concern or felt unhappy then they could talk to the staff or manager. One person told us, “Staff are helpful, they have good personalities, are friendly and helpful”.

A staff member told us about a memory box which comes out each week and is delivered on a Tuesday. The box is full of old memorabilia for example match box toys and a child’s lunch box from the 1940’s. The staff member explained to us how this jogs people’s memories and stimulates conversations with people. A new box arrived

during day one of the inspection and the registered manager showed us it. There was an old gas mask (with a warning not to try it on), a snuff box, soap and toys. The manager told us that people really enjoyed this activity.

A relative told us, “She has a key worker who is very good”. The registered manager and responsible individual explained that workers were identified through interaction and rapport observed between people and staff. This was reviewed six monthly and demonstrates how people are indirectly involved in choosing their staff.

The care files we reviewed recorded key professionals involved in their care, how to support them and medical conditions to name a few., This information supported new and experienced staff to understand important information about the people they were supporting. The registered manager also said that they were updating these and creating ‘My Care Passport’ so that they had copies for staff to take to hospital with them if people were admitted. This would support hospital staff in ensuring people are supported in ways they would prefer.

The service had a dignity code in place which staff were aware of. Staff were polite and treated all people in a dignified manner throughout the course of our inspection visit. If people required support with personal care, they were supported discreetly back to their rooms to receive the necessary care in private. People’s doors were closed when they were receiving personal care. We observed staff knocking on doors before entering peoples rooms saying hello to the person and telling them who they were. Staff told us that they cover personal areas during personal care tasks and ask people if they want support washing personal areas. A relative confirmed this by telling us, “When mum is getting washed they give her her dignity”. Another relative told us, “They are always treating her with the upmost dignity”. This told us that people’s privacy and dignity was being respected and promoted.

Is the service responsive?

Our findings

People's care files had admission assessments completed and the information from these was reflected in their care plans and individual assessments. People's individual needs had been assessed and were reflected in morning and evening routine guidelines for staff. There was evidence of care plans being regularly reviewed and updated which showed the service was responsive to people's changing needs.

We observed one person walking around without their walking aid, staff promptly noticed and reminded them sensitively about using it and bought the walking aid over to them. The registered manager told us about a person whose needs suddenly deteriorated over a weekend and required a profiling bed immediately. The registered manager said how she contacted the responsible individual who ordered one and arranged delivery that day. A relative told us, "Mum gets all the care she needs. It is a bit more difficult as she has dementia and can't tell them. But the staff pick up on it and respond to her". Another relative told us, "They are very good here and if there is a problem they sort it out quickly".

The service was in the process of recruiting an activities coordinator to replace a staff member who had recently left the service. There was an activities board in the lounge area which identified daily activities taking place in the morning and afternoon. This was updated each week. Activities during the inspection included sing-a-long, worship, art and craft, pampering, music, and active games. People told us that they had the choice to participate in these or not. There is an activity profile folder in place which detailed a description of people and logs what activities people had taken part in. Recent logged activities included a quiz, 1:1 catch ups, flower arranging, pumpkin carving, pampering sessions. Since the activities coordinator left the recording of activities had not continued in the folder. The registered manager told us that she would request that staff complete this until a new coordinator is recruited. A relative told us, "Mum enjoyed the activities but the activity person has left and they are looking for someone else. I hope they find someone quickly. She has only just left though and it takes time to find the right person".

The responsible individual took us through the annual feedback questionnaires for 2014/15. A questionnaire was sent to key stakeholders for example, health professionals, relatives, people who have capacity, staff and the hair dresser. The feedback was then collected and reviewed by the manager and responsible individual. Overall the feedback was very good. Outcome letters were sent out after questionnaires had been received. However, the service did not formally record the actions taken as a result of this feedback which may assist in their overall evaluation and monitoring of people's experiences of the service. We discussed this with the responsible individual who said that outcomes and actions are generally acted on and discussed informally and not recorded. A relative told us, "There is a survey once a year. We have informal discussions about results".

Complaints were recorded in a record book, this captured the complaint and evidenced the steps taken to address it. The record showed that the average complaint was responded to and dealt with within 48 hours which is well within the timeframe given in the service complaints policy. Two recent concerns the service had responded to involved a relative who was concerned that no parasol was available to shade their relative from sun in the garden. The service purchased one the next day. A person complained that their toast was served cold, staff were made aware of this and toast is now not left to stand it is served hot.

A person told us, "If I had a concern or complaint I would talk to the staff". A staff member told us, "The manager and [responsible individual] are very helpful and approachable. If I had any concerns I know I could see them anytime". A relative told us, "I have raised concerns once or twice and these issues have been sorted straight away". The relative also told us, "I like the way the manager responds, she is excellent". Another relative told us "I can get to speak to someone if I need to".

Staff told us that they know that they do a good job each day if they leave work knowing people are happy and comfortable. One staff member told us, "I try my best each day, support others and try to get feedback from colleagues and managers".

Is the service well-led?

Our findings

During the inspection we observed a very positive culture between people and staff supporting them. Staff demonstrated a person centred approach to the care and support they were delivering to people by acknowledging them and talking them through the support they were providing in an empowering way. For example we observed one staff member supporting a person to eat a biscuit initially until they took on the task of eating it independently.

People, staff, relatives and health professionals all said that they felt the home was well managed. One relative told us, “The manager is always accessible and takes note of what I ask”. Another relative told us, “The manager has time for everyone” they also told us, “I like the way the manager sorts the staff out. She won’t tolerate people who don’t know how to do their job properly”.

The manager worked care shifts when these could not be covered by agency staff because of sickness. The manager encouraged an open working environment, for example we observed on several occasions staff coming up to her or visiting the office to discuss matters with her. We observed the manager talking with people who use the service. The manager spoke with a person about their previous occupation which the person responded to positively. The manager observed staff doing various tasks as a way of quality checking. These were then used in staff supervisions.

The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

The service has a number of policies in place. However, many of these for example the safeguarding adults, complaints and behaviour which may challenge the service were in need of updating and references made to current legislation and regulations. We discussed this with the manager who said they will do this.

The responsible individual carried out annual audits which covered a number of areas such as; health and safety, infection control, accidents and incidents, employment, quality of the environment, building and room checks and a planned programme of maintenance and replacement. There were also monthly and quarterly medication audits completed by the senior and six monthly audits completed by the pharmacy. The responsible individual then completed annual audits which the outcomes of these fed into. All audits were up to date and all actions except one identified in the infection control audit completed. It was identified in this audit that a peddle bin was required for the kitchen but on the days of inspection this was not in place. The registered manager said on the last day of the inspection that this was being purchased that day by the responsible individual who was not present at the time.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.