

Grangemoor Care Homes

Marmion Nursing Home

Inspection report

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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 ●

Summary of findings

Overall summary

About the service:

Marmion Nursing Home provides personal and nursing care for up to 24 people who have mental health needs. At the time of the inspection there were 19 people living in the home.

People's experience of using this service:

People who used the service were supported safely. People were able to freely access the community and accessed activities supported by staff at the home. People were supported to be independent.

People's choices and preferences were known to staff and respected. Staff were caring and respectful. People's privacy and dignity was promoted.

People had care plans and risk assessments in place which gave staff guidance to effectively support them. Staff supported people with their individual preferences and people's needs were met. The registered manager had plans in place to improve the environment.

The provider had systems in place to monitor the service and ensure risks to people and the environment were reduced.

Lessons were learnt when things went wrong, and systems were updated or improved if needed. The registered manager was responsive and approachable to both people that used the service and staff. They had a clear understanding of their responsibilities of their registration with us.

The service met the characteristics of Good in all areas; more information is available in the full report below.

Rating at last inspection:

At the last inspection the service was rated as Good (report published 07 October 2016)

Why we inspected:

This was a scheduled inspection based on the previous rating.

Follow up:

We will continue to monitor the service though the information we receive.

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

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Marmion Nursing Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

One inspector carried out the inspection.

Service and service type:

Marmion Nursing Home provides personal and nursing care for people who have mental health needs. CQC regulates both the premises and the care provider, and both were looked at during the 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:

The inspection was unannounced.

What we did:

To help us plan our inspection, we reviewed information we held about the service, including notifications. A notification is information about events that by law the registered manager should tell us about, for example, safeguarding concerns, serious injuries and deaths that have occurred at the service. We also used information the provider sent to us in the Provider Information Return (PIR) to formulate our inspection plan. A PIR is information we require the provider to send to us, at least annually to give us some key information about the service.

We spoke with two people who used the service and two relatives. We spoke with one support worker, one cook, one Registered Mental Nurse and the registered manager. We viewed two people's care records, we looked at how medicines were administered, stored and recorded. We looked at documents relating to the

management and administration of the home, including one staff file.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from potential abuse. When concerns had been identified they were reported to the local safeguarding authority and to the Care Quality Commission (CQC) as required.
- Staff understood their safeguarding responsibilities. They could identify different types of abuse and knew how to report their concerns.
- The registered manager had systems in place to ensure people's risk of abuse was mitigated.

Assessing risk, safety monitoring and management:

- People told us they felt safe; one person said, "It feels safe here, I like it here."
- One relative said, "It is very good here, yes we think [relative] is safe. [Relative] is very well looked after." Another relative said, "Absolutely safe, [relative] is looked after well."
- Staff knew people's risks and supported them in a way that ensured their safety was maintained.
- Risk assessments were in place and reviewed and we saw that people were involved in their own risk assessments.
- People were supported to manage their own risks. For example; when people wanted to access the local community, they would be supervised by staff until they were familiar with the area, assessing them in road safety and ensuring they knew key information such as bus routes and where to get help if needed.
- People had individual Personal Emergency Evacuation Plans (PEEPs) in place. The plans were bespoke to each individual and each person had a colour code on their bedroom door which highlighted to staff to the level of assistance each person needed in case of evacuation.

Staffing and recruitment:

- We observed there were enough staff available to support people and their needs.
- Staff recruitment procedures ensured staff were subject to appropriate pre-employment checks to ensure that they were suitable to work in a care setting. This included criminal record checks and references from previous employers.

Using medicines safely:

- Medicines were administered, stored and managed safely. Staff supported people in a dignified way when administering medicines.
- Policies and procedures were in place and were being followed by staff to ensure people received their medicines as prescribed. The registered manager carried out audits to ensure staff were following guidance, which included observations.
- Staff had received training in the safe administrations of medicines.
- A relative told us that medication reviews took place.

- We saw that residents were encouraged to know what medication they were taking and observed one person naming all of their medication.

Preventing and controlling infection:

- The service was clean and free from odours.
- The home had received a five-star rating from the Food Standards Agency (FSA) meaning that the service had good food hygiene.
- Systems were in place to ensure the risk of infection was prevented. Staff were knowledgeable in how to prevent the risk of infection and followed the correct procedures.
- Staff received regular training and the registered manager carried out regular audits which formulated an action plan.

Learning lessons when things go wrong:

- There were systems in place to learn from incidents that had occurred. The registered manager ensured that proactive action was taken to reduce further incidents.
- The registered manager and staff had open communication and would share learning when incidents had occurred which involved active input from all staff. One staff member said, "I speak about things that have gone wrong during handovers, sharing the experience and I will reflect, I will then have a debrief with the registered manager."

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. 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 restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Where people lacked capacity to make specific decisions mental capacity assessments had been completed to ensure decisions were made in people's best interest.
- The registered manager had systems in place to ensure referrals had been submitted to the local authority where people were being deprived of their liberty to ensure people were supported in the least restrictive way possible.
- We saw that people were being asked for their consent.

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

- People's needs were assessed, planned and reviewed to ensure they received support that met their changing needs. People and relatives told us they were involved in planning for their care, one relative said, "Yes, we have reviews, every year. We are kept up to date with [relatives] care. [Staff] always ring me and I ring them."
- We saw staff giving people choices throughout the day, for example, people were asked what they would like to eat, or what activity they would like to do."

Staff support: induction, training, skills and experience:

- Staff received an induction and training which supported them to deliver effective care to people. Staff told us that they felt the training supported them to do their job.
- There was a staff training matrix in place to ensure that staff remained up to date with their training.
- Staff received regular supervision which gave them a time to reflect on their practice.
- Staff had their practice observed to ensure they were delivering effective care and support.

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

- People told us they enjoyed the food, one person said, "The food is really nice here, I like it, over the weekend it is a set thing, like a roast dinner."
- A relative said, "Yes, absolutely [staff] makes sure [relative] maintains a healthy diet, they tell me when [relative] is not eating, at the moment they are eating well and [staff] make sure [relative] is getting what they are supposed to be having."
- We saw that people were given a choice of meals from a menu on display and observed staff asking each person individually what they would like.
- Advice was sought from other professionals such as Speech and Language Therapists (SALT) to ensure people were supported effectively to reduce risks of choking.
- The cook knew people well and knew people's dietary needs, including how to prepare meals for those at risk of choking. They said, "I always make sure I arrange it nicely on the plate, so it does not make them feel they are standing out from those that do not have to have their meals prepared in a certain way".

Supporting people to live healthier lives, access healthcare services and support:

- People were supported to access health care professionals, such as; access to 'healthy living groups' in the community and stop smoking services.
- People had health plans in place which had been developed to ensure people were supported to maintain their health and wellbeing.
- Advice provided by healthcare professionals was being followed by staff.
- Staff encouraged people to keep active and would go for walks or do exercises in the home.

Staff providing consistent, effective, timely care:

- Staff attended handover meetings at the beginning and end of each shift. This highlighted any changes in people's needs which ensured people received a consistent level of support and care. Staff told us the handover meetings were beneficial.
- We saw that people received prompt support from staff and people told us staff supported them well.

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

- People could choose to how they had their bedrooms decorated to suit their personal taste. One person told us how they had chosen the colours for their room. A relative said, "Right from the moment [relative] moved there they asked what colour they would like their bedroom."
- The service had recently had new wet room installed creating better access for people.
- The registered manager told us that they are currently consulting with the residents to how they would like the dining room to be re-decorated.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people in a kind and caring way. One relative said, "We can discuss anything with [staff] they come and sit with us when we visit, they bring us a cup of tea and sit down and have a chat to us. The registered manager is lovely they always come to see us when we are there and ask us how we are, it makes us feel comfortable. We are lucky as a family that [relative] is there."
- People were supported to maintain relationships with families and friends. One person said, "My son picks me up and takes me to my daughters and I can stay as long as I want to."
- People had their protected characteristics under the Equalities Act 2010 such as; age, culture, religion, sexuality and disability considered as part of the care planning. The registered manager told us how the service promotes this, for example; allowing people into the home to visit residents to do bible studies.

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

- We saw that people were asked to express their views. One staff member said, "I go through everything with the residents and ask them their views in every aspect. We have residents' meetings where they voice their opinion about food choices and activities, those that struggle we spend a bit more time with them."
- People were supported to express how they wished to receive their care, and this was recorded in their care plans.

Respecting and promoting people's privacy, dignity and independence:

- Staff were able to tell us how they respected people's privacy and dignity and could give us examples of this practice, such as, ensuring doors were closed or speaking to people privately and not in front of others.
- We saw staff treating people with dignity and respect and promoted independence. One person said, "I do my own laundry. I do everything myself because it is independent living."
- People's levels of independence were assessed and recorded. Staff would ensure that people were encouraged, and prompts given when necessary for people to remain as independent as possible.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's care was personalised, and their interests were taken into account. A relative said, "The staff have always taken [relatives] consideration first and know [relative] really well, they are happy there, that is the main thing. Whatever [relative] wants they can have. I could not praise them enough, Marmion is a wonderful little nursing home."
- Staff understood people's preferences, one staff member said, "Everything for that person is looked at holistically, every person has different care plan, people's preferences change and we [staff] update the care plans."
- The registered manager informed us how some of the people will be going on holiday this year, which demonstrated how the service supports people with community integration.
- The registered manager explained how people were introduced and phased into the service, especially those that came from secure settings.
- The registered manager explained how people can move into another of their services which is classed as 'step down' and how people are supported to do this. The 'step down' service is for people that have reached a point where less support is needed and for those that do not require nursing care. The 'step down' service allows people more choice and control over their own lives and further integrates people back into the community.

Improving care quality in response to complaints or concerns:

- The provider has a complaints procedure in place. At the time of the service had not received any complaints.
- Relatives understood how to make complaints. One relative said, "[Staff] are all so kind, I have never known anything I can complain about in all these years. We would do anything we could for Marmion and we all get along together really well. Yes, I would know how to complain, I have all the information in the information pack if ever I needed to." Another relative said, "We have never gone into that as we have never needed to, it is ran very well."

End of life care and support:

- At the time of inspection there was no one nearing the end of their life.
- Whilst the provider did not routinely discuss end of life wishes with people, where people were nearing end of life, support had been given to them.
- The registered manager did inform us that Co-op funeral care did go into the home last year and speak to the resident. When we asked the registered manager about supporting people about their end of life preferences they said, "This is certainly something we can input."

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management:

- There was an open and transparent atmosphere within the service and staff told us how they enjoyed working there.
- Staff were positive about the registered manager and stated how they felt supported. One staff member said, "Since [registered manager] has been in post they have been worked on a lot of things, such as; training, activities and updated paperwork." And "The registered manager is very supportive I couldn't ask for more really, supportive and flexible."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The duty of candour is a statutory (legal) duty to be open and honest with patients (or service user's), or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future. The registered manager understood the duty of candour they told us this was on display in the foyer and that staff also understood this.

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

- Notifications were submitted where required. Notifications contain information about incidents the Care Quality Commission (CQC) are required to be informed of by law.
- The last inspection rating was clearly being displayed at the service and on the providers website.
- Information such as complaints, compliments, accidents and incidents were being checked and monitored.
- The registered manager had quality assurance systems in place which were monitored and regularly updated.

Continuous learning and improving care:

- Staff were supported to continuously learn and improve the care they provided for people. Staff had competency checks to ensure they were supporting people effectively.
- The registered manager had a clear vision in how the service could continue to improve.
- There was an action plan in place to make continuous improvements and to ensure high-quality care and support was maintained.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The registered manager told us how the action plan was shared and discussed with the residents during the residents' meetings. This demonstrated the importance of involving people in how the service was run.
- Staff told us how members of the local community were invited to attend the summer fete, which included a bake sale.
- The service used surveys to obtain people's feedback and the information would further support the action plan.

Working in partnership with others:

- The service worked well with other professionals, which ensured people received effective and consistent care and support. This included people's health needs and support with people's emotional wellbeing.