

Elizabeth House (Oldham) Limited

Marland Court

Inspection report

Marland Old Road
Rochdale
Lancashire
OL11 4QY

Tel: 01706638449

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27 May 2021

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Marland Court is a residential care home providing personal care for up to 24 adults aged 65 and over. At the time of the inspection there were 13 people living at the service.

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

People and their relatives were positive about Marland Court and the care provided. One person said, "Staff speak to me kindly, they are great. They do everything they can to try to help."

People were protected from abuse and neglect. People lived in a safe environment where there were relatively few incidents or accidents. Risks were assessed and managed appropriately.

Medicines were managed safely by staff who had received appropriate training in the storage and administration of medicines.

The home was clean and well maintained. Staff wore appropriate PPE. People were treated in a respectful manner by all staff. We were assured that infection prevention and control (IPC) measures were appropriately followed.

The home did not have a registered manager. At the time of our inspection it was managed by a person in charge who had previous experience of managing the home.

The management team undertook regular reviews audits and checks. Where issues were identified there was evidence of action taken to improve the standard of care people received.

Some of the service's policies and procedures were out of date. We made a recommendation about this.

People felt that they were listened to, and took up the opportunity to attend regular residents' meetings and complete annual surveys about the quality of their care.

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

Rating at last inspection and update

The last rating for this service was good (published 27 April 2019)

Why we inspected

This inspection was prompted through our intelligence monitoring system. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key 3 questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service is good. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Marland Court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

The service was safe.

details are in our Safe findings below

Good 

Is the service well-led?

The service was not always well led.

Details are in our well led findings below

Requires Improvement 

Marland Court

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors carried out this inspection.

Service and service type

Marland Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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, but they had not registered with the Care Quality Commission and they were not present at the time of the inspection. A registered manager 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 the information we had received about the service since the last inspection. We also sought feedback from the local authority. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff on site This included the person in charge, the owner, two care staff, the activity coordinator and the cook. We reviewed a range of records including medication records, staff files in relation to recruitment, induction and staff supervision, two people's care records. We also looked at a variety of records relating to the management of the service, including policies, procedures, training data and quality assurance records.

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.

After the inspection

We continued to seek clarification from the provider to validate evidence found such as, updated statement of purpose and medication audits.

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.

Staffing and recruitment

- At the last inspection we recommended the service reviews deployment of staff to allow care staff more time to spend with people who used the service. At this inspection we found that there were enough staff, and the service had recently employed an activity coordinator. People told us that the staff spent time with them. One person told us, "The staff are nice and spend time with us." Another told us that they liked a game of dominoes with the staff.
- People told us that staff provided prompt support when they needed it. Call bells were answered promptly. One care plan we reviewed noted that the person was unable to use the call bell, and instructed staff to ensure regular checks when they were alone in their room
- Staff recruitment was robust. Staff were subject to screening to ensure they were suitable candidates to work in the care sector.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe, while being supported at the home. One person said, "The staff speak to me nicely. They look after me, which is fantastic." A relative remarked, "I can't fault what they do or don't do. [My relative] is properly supervised and the staff allow them to lead their life the way they want to."
- People were protected from abuse and neglect by staff who had received training in safeguarding vulnerable adults and understood what actions to take to protect people. The person in charge was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- Staff were also aware of the provider's whistleblowing policy and felt supported to use this if necessary.
- Accidents and incidents were documented in an accident book. Where incidents occurred, there was evidence of follow up action, The registered manager completed monthly audits of the accident book, and whilst this allowed for early identification of any specific issues, the low number of incidents did not allow for full analysis to identify any emerging trends or patterns.

Assessing risk, safety monitoring and management

- Short Need assessments gave a good indication of people and outlined their abilities, and identifying their main requirements. Further sections provided more detailed instruction on how best to meet identified need.
- Where risk was identified measures were in place to minimise harm, and staff instructions provided. Risk assessments were checked and reviewed on a monthly basis, with any changes noted.
- Staff were vigilant to people's care needs and conducted monthly assessments of people's weight, skin integrity and diet. Where issues were identified the service liaised with local health care professionals, such as district nurses, speech and language therapists and dieticians.
- The provider ensured regular environmental checks were undertaken to ensure the safety of the building

and any equipment used. This included monthly fire checks.

Using medicines safely

- People's medicines were managed safely. Staff who administered medicines were competent for this role and supported people in a caring and patient way. Records showed that people received their medicines as prescribed.
- Medicines that are controlled drugs (subject to stricter control because of the risk of misuse) were stored and handled safely.
- Processes were in place for people who needed their medicines to be provided covertly, for example, by disguising medicines in food or drink. Where this was the case consideration of the person's best interest were documented including signed authorisation from the prescriber.
- Protocols describing when to administer any medicines prescribed 'when required' were kept with people's medication administration records. Protocols were up to date. Medicines prescribed 'when required' to relieve pain or agitation were used appropriately.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- At the start of the pandemic, the chef had 'moved in' to the premises to minimise the risk of catching and passing on any infection. Contingency plans were in place to ensure the home kept running safely throughout the Covid-19 pandemic.

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 deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- It is a requirement under Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that a service like Marland Court must have a manager who is registered with the CQC. At the time of the inspection, the home did not have a registered manager. This is a ratings limiter, and any service without a registered manager cannot be rated as good or outstanding.
- At the time of the inspection the home was being managed by a person in charge who had previous experience managing the service. They were supported by the deputy manager and the provider visited every day to ensure continuity of care was being provided.
- The staff we spoke with told us they felt well supported. One care worker remarked, "If I have any issues I can go to [the person in charge or the deputy] I can raise any concerns and know they will take action"
- The management team undertook regular audits and checks. Where issues were identified there was evidence of action taken to improve the standard of care people received.
- Information was passed between staff at the start and end of each shift. This was done through a walk through the building allowing staff to notice any changes or concerns to be addressed.
- The management team were aware of their legal and regulatory responsibilities; they liaised with local authorities, CQC and external professionals. Relatives we spoke with told us that they remained in regular contact and were kept informed about their loved ones.

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

- Prior to our inspection we were made aware of allegations of in fighting amongst the staff team. We were assured that the management team were addressing these issues through team meetings, individual supervision and other human resource processes.
- People lived in a safe environment where risks were minimised. The low number of incidents and accidents reflected the sedate lifestyle people enjoyed.
- We received positive feedback about the level of care people received. One relative told us, "[My relative] has adapted well to living there, although they can be quite an anxious person staff have helped keep [my relative] on an even keel. I think they have put in a lot of hard work to make things better for them".

- The service had a policy and procedures file which was stored in the main office. When we looked at this, we found some policies were out of date or had the wrong information. Others related to a different service, with the name of a previous company crossed out and the name of the service put in in black ink.

We recommend that the service review all policies and procedures to bring up to date and ensure that they are accessible to all staff.

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

- Relatives we spoke with told us that they remained in regular contact and were kept informed about their loved ones. One told us, "its champion. They've no need to phone us because we phone first but if there was an issue, I know they'd tell us right away."
- Satisfaction surveys were conducted each year. We reviewed the most recent resident survey from October 2020 which was generally positive. We were told that the service was unable to complete a relative survey due to the Covid restrictions on visiting.
- Regular meetings for staff and for residents were well attended. Where improvements were suggested there was evidence that these were considered.