Mrs R Ghai

Marlyn House

Inspection report

41 Cannock Road
Blackfords
Cannock
Staffordshire
WS11 5BU

Tel: 01543504009

Date of inspection visit:
20 April 2016

Date of publication:
20 May 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 20 April 2016 and was unannounced. At the last inspection, the service was rated overall as 'Good' but Requires Improvement in Well-led. We asked the provider to make improvements to their accident and incident and quality monitoring systems and to provide staff with regular opportunities, through supervision, to discuss their performance and personal development. At this inspection, we found some improvements had been made but further improvements were still required.

Marlyn House provides accommodation and or personal care for up to 18 people, some of whom maybe living with dementia. On the day of our inspection 16 people were living in the home.

There was a registered manager at the home. 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.

There were insufficient staff to meet people's needs at all times and people had to wait for assistance during busy times. The provider followed procedures to ensure staff were suitable to work with people.

Further improvements were needed to ensure the systems to assess and monitor the quality and safety of the service were effective in identifying shortfalls and driving continuous improvement. The registered manager did not always notify us of important events that happened in the service to ensure we could check that appropriate action had been taken.

People received their medicines when they needed them but improvements were required to ensure medicines were stored, recorded and managed effectively. Staff gained people's consent before providing care but there was a lack of understanding of the legal requirements where people lacked the capacity to make their own decisions.

Staff were provided with training and support to meet people's individual needs. Staff knew people well and encouraged them to have choice over how they spent their day. Staff were kind and caring, promoted people's privacy and dignity and encouraged them to maintain their independence. People were supported and encouraged to eat and drink enough to maintain a healthy diet. People were able to access the support of other health professionals to maintain their day to day health needs.

People received personalised care and were offered opportunities to join in social and leisure activities. People were supported to maintain important relationships with friends and family and staff kept them informed of any changes. People's care was reviewed to ensure it remained relevant and relatives were invited to be involved.

There was a positive atmosphere at the home. People and their relatives knew how to raise concerns and

complaints and were confident they would be resolved to their satisfaction. The provider sought people's views on the service and this was acted on where possible. Staff felt supported by the registered manager and provider and were encouraged to give their views on how people's experience of care could be improved.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There were insufficient staff to meet people's needs at all times. People received their medicines as prescribed but improvements were needed to the storage and management of medicines. Risks to people's health and wellbeing were identified and managed and staff understood their responsibilities to protect people from the risk of abuse. The provider followed procedures to ensure staff were suitable to work with people.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff gained people's consent before providing care, but there was a lack of understanding of the legal requirements where people lacked the capacity to make their own decisions. Staff received the training and support they needed to meet people's individual needs. People accessed other health professions when needed and were supported to have sufficient to eat and drink to maintain good health.

Is the service caring?

Good

The service was caring.

People were treated with kindness and staff respected their privacy and promoted their dignity. People were encouraged to be independent and made choices about their daily routine. Visitors were made welcome and staff informed them when people's needs changed.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support from staff that knew their individual preferences. People were offered opportunities to join in social activities and were encouraged to follow their individual interests. People knew how to raise concerns and complaints and were confident they would be

resolved to their satisfaction.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

We found some improvements had been made to use the information from audits to improve people's care. Further improvements were needed to ensure the systems to assess, monitor and improve the quality of care were effective in identifying and rectifying shortfalls to ensure people received a safe, high quality service. People were invited to give their opinion of the service and staff felt supported by the registered manager and provider.

Marlyn House

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 20 April 2016 and was unannounced. The inspection was carried out by one inspector.

We reviewed information we held about the service and the provider including notifications they had sent to us about significant events at the home. On this occasion, we had not asked the provider to complete 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 improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us

We spoke with eight people who used the service, four relatives, and four members of the care staff, the chef, the registered manager and the provider. We also spoke with a visiting health professional. We observed how staff interacted with people and looked at four people's care records to see how their care and treatment was planned and delivered. We reviewed three staff files to see how staff were recruited, trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Requires Improvement

Is the service safe?

Our findings

Everyone we spoke with told us that the staff were very busy and at times they had to wait for support. One person told us, "There are not enough staff, we have to wait sometimes and there is a rush first thing in the morning when everyone wants help at the same time. I press my buzzer and sometimes I have to wait longer than 10 minutes for them to come to me". Another person said, "Sometimes the staff are a bit thin on the ground, you have to have a bit of patience and wait". Relatives we spoke with told us they felt there were not enough staff. One told us, "The staff are a bit pushed at times. At tea time there is a rush when people want to be taken to the bathroom before sitting down to eat their meal". We spent time observing care in the communal areas of the home. In the morning, we saw that staff were busy supporting people to go the bathroom and responding to calls from people in their bedrooms. This meant that at times there were no staff to support people in the communal lounge. We saw that call bells in the lounge were not plugged in and although we did not see people waiting for support, relatives we spoke with told us that they had observed people shouting for assistance when there was no member of staff available. At lunchtime, we saw that staff struggled to serve people's meals quickly and some people waited whilst others had already started eating. Staff we spoke with told us they were very busy at times but worked together as a team to meet people's needs. One member of staff told us, "It can be really hectic but we all pull together and on the whole we manage okay." Staff told us and we saw they relied on the support of the registered manager and the provider. One member of staff told us, "We are very busy but the manager gives us back up and the provider stays in the lounge with residents sometimes".

We discussed people's concerns with the registered manager and provider who explained that staffing levels were varied to meet people's needs during the busy times. The registered manager confirmed they regularly provided care and support to people who used the service because staff were busy, but this was not planned and they were not included in the staffing numbers. Staffing rotas showed there were more staff on duty in the morning and early evening shifts. However, people told us they were waiting during these times which showed that the staffing levels did not always reflect people's needs. We saw that one person was cared for in bed and required the support of two staff for their personal care. Staffing rotas showed that in the afternoon there were only two staff on duty which meant that people would have to wait whilst staff were supporting this person. This demonstrated staffing levels were not sufficient to meet people's needs at all times.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us the registered manager carried out recruitment checks which included requesting and checking references and carrying out checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Staff told us and records confirmed they had been unable to start work until their DBS check and references had been received. One member of staff told us, "I remember it took about six weeks before all the checks came back and I could start work". This showed the provider followed procedures to ensure new staff were suitable to work with people.

Improvements were needed to ensure people's medicines were stored and managed safely. We found that creams and lotions were not locked away to ensure other people could not access them. The registered manager told us they would rectify this. Some people needed medicines on an 'as required basis', usually for pain relief. There was no guidance in place for when people may need these; this is particularly useful for people who are unable to express themselves verbally. We saw that one person was receiving a non-prescription medicine for a minor ailment but there was no information to guide staff on how long the medicine should be used before referring the person to a GP. These concerns were discussed with the registered manager who agreed they protocols or processes were not in place and understood the importance to have them to ensure medicines were offered in a consistent manner.

People told us they received their medicines when they needed them. We observed a medicines administration round and saw that people received their medicines as prescribed. The member of staff administering medicines spent time with people while they administered their medicines and checked they had taken them before moving on to the next person. Staff told us and records confirmed they had received training to administer medicines and had their competence checked periodically by the registered manager.

People we spoke with told us they felt safe living at the home. One person told us, "I feel safe, I haven't anything to worry about". Another said, "I wouldn't stay here if I didn't feel safe". Relatives we spoke with felt their relations were safe and well cared for. A relative told us, "[Name of person] is more secure here than when they were living at home, I feel better they are looked after all the time". Staff we spoke with knew how to recognise abuse and told us what action they would take if they thought a person was at risk of harm. A member of staff told us, "If we have concerns, such as unexplained bruising, we record this on a body map and report it to the senior or the manager". Staff were confident the manager would take their concerns seriously and take appropriate action. Staff told us they knew how to report their concerns externally if they needed to. One member of staff said, "We have posters and information but I know the manager is hot on following things up". This demonstrated the staff recognised their responsibilities to protect people from harm.

People told us the staff knew about their needs and made sure they used any equipment they needed to prevent them from falling. One person told us, "If we have to walk with a frame the staff insist we use them". Care plans we looked at showed that risks to people's safety were identified and managed. For example risk management plans were in place which identified the number of staff and equipment needed to ensure people mobilised safely and we saw that staff followed the plans. Monthly reviews were carried out to ensure the plans remained relevant for the person. We saw there were checks on the fire equipment and people had personal emergency evacuation plans in place which were being updated to ensure that staff had the information they needed to ensure people would be evacuated safely in the event of an emergency, such as a fire.

Requires Improvement

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked that the provider was acting in accordance with the MCA and found there was a lack of understanding about the requirements of DoLS. Where people lack the capacity to make decisions about their care, the registered manager and staff did not know how to identify if people were being restricted and when an application for a DoLS was needed. For example, the registered manager told us they would make a DoLS application for everyone living at the home. This was unnecessary because they had told us that most people had the capacity to make their own decisions and as a result the DoLS did not apply to them. This meant people could not be sure that their rights would be upheld.

People told us and we saw staff gained consent from people before providing personal care. One person told us, "Staff always ask you for your consent, no one is forced into anything". Staff we spoke with demonstrated they understood their responsibilities in supporting people to make their own decisions. We saw staff explained what they were doing and waited for people's agreement before proceeding. One member of staff told us, "Most people can make decisions with some help and can tell you what they want, it's just a matter of prompting, for example asking them what they used to like to remind them". Care records we looked at showed that people's capacity to make decisions had been considered, for example we saw care plan entries which read, 'Can make their wishes known and is able to retain information'. This demonstrated the staff understood the importance of consent.

People we spoke with told us the staff understood their needs and cared for them well. One person told us, "The staff have helped me a lot since I came here from home". Staff told us they received training and support that enabled them to meet the needs of people living at the home. We saw that staff received training in a range of subjects that were relevant to the needs of people. The registered manager monitored the training to ensure it was kept up to date as required by the provider. Staff told us they were currently completing training which gave them information about common health conditions which affected people, such as Parkinson's disease, stroke and living with dementia. One member of staff told us, "I've found it really enjoyable and it's good to have the opportunity to discuss it with colleagues, to get each other's opinions as everyone has different views on how people are affected. We fill in workbooks and they are sent away for marking and we discuss the results with the manager and get more help if needed".

New staff were provided with an induction to prepare them for their role. One member of staff told us, "I shadowed other staff for about two weeks and received training in skills such as safe moving and handling, for example how to use a slide sheet. I was observed to check I knew what I was doing before I was allowed

to work on my own". Another member of staff told us senior staff were supportive and gave them feedback on their progress. They said, "I felt supported and there was always a senior to ask if you are unsure. They don't let you do anything until you are confident". We saw that the induction followed the Care Certificate, which is a nationally recognised set of standards which support staff to achieve the skills needed to work in health and social care.

People we spoke with told us they had a choice of meals and alternatives were provided if they asked. One person told us, "The meals are good, there's usually two or three choices at lunchtime". Another person said, "The food is very nice, if I don't like something, they will do something else". A third person said, "The staff do what I fancy". The chef knew about people's dietary needs and preferences, for example they told us about people who needed a soft diet because they were at risk of choking. At lunchtime, we saw people received meals that met their needs and preferences. We saw that drinks and snacks were available throughout the day which meant people were supported and encouraged to have enough to eat and drink.

People told us they were able to access the support of other healthcare professionals when they needed to. On the day of our inspection, the optician was visiting and people were having their eyes tested and choosing new frames. One person told us, "I'm having some trendy ones". People told us they were able to see their GP and the district nurse when they needed to. We spoke with a visiting health professional who told us the staff worked closely with them and followed their advice to ensure they provided effective care to people. They told us, "It's a good team, everyone is willing to help and the manager is on the phone to us quickly if there are any problems; they go above and beyond". This showed people were supported to maintain good health.

Good

Is the service caring?

Our findings

Most people told us they liked the staff and were happy living at the home. One person told us, "The staff are brilliant, they look after me in every way". Another told us, "I like it here very much". A relative told us, "It's nice and cosy". We saw staff members treated people with kindness and showed concern for their wellbeing by offering reassurance and support. For example, we saw a member of staff discussing changes to a person's medicines with them. Staff spoke discreetly with people when assisting them to go the bathroom and took them to their bedrooms to support them with personal care which promoted their dignity. One person told us, "The staff always cover you with a towel when they are helping you with personal care and always make sure the doors are closed". We saw that staff respected people's privacy by knocking on people's doors and waiting to be invited in. One person told us, "It's all private and I know the staff respect me". A member of staff told us, "We pull the door shut when people are using the bathroom and wait until they tell us they are ready to come out".

We saw that staff knew people well and chatted with them about their interests and about their families. Staff told us they liked working at the home and it was important to them to make a difference to people's lives. One member of staff told us, "I love working with people, I try and chat to them and cheer them up". We saw that people were relaxed with the staff and we heard laughter and light hearted banter between them. A member of staff told us, "People like a bit of banter, it makes a world of difference to them." A relative told us, "[Name of person] gets on with all the staff and I know they all like them".

People told us they made decisions about their daily routine. One person told us, "I decide when I go to bed. There are no strict rules and you can have a lie in when you want to". We saw that staff offered people choice about what they wanted to do and where they wanted to sit. For example at lunchtime and people were free to spend time in their bedrooms or in the communal lounge. Relatives told us they felt involved with people's care and were kept informed of any changes. A relative said, "The manager contacts us about things when needed". People told us the staff encouraged them to be an independent as possible. One person told us, "I can manage most things myself but the staff are there to help if needed".

People were encouraged to keep in touch with people that mattered to them. Visitors told us they could visit at any time and staff always made them welcome. One relative told us, "There are no limitations on visits and if we don't want to sit in [Name of person's] room we can go in the dining room if we want a bit of privacy rather than sitting in the lounge".

Good

Is the service responsive?

Our findings

People told us they received care and support that met their individual needs and the staff understood their routines. One person told us, "I like to get up at 6am every morning, as I did all my working life, I can still do that here. I press the buzzer once to let staff know I'm awake and when I'm ready to get up I give another buzz to let the carers know I'm coming downstairs. They come and help me in the lift". Another person told us, "I need lots of drinks and the carers do all that for me". A third person told us, "The carers just automatically know what I need". A visiting health professional told us, "The staff are good at encouraging people, they seem to know what they need as individuals." Relatives we spoke with told us they were pleased with the care their family members received. One relative told us, "I can't fault the home, [Name of person] is well looked after, truly they are".

People told us the registered manager had visited them to assess their needs before they moved to the home and they had been asked for their preferences, for example around food and activities and this was recorded in their care plans. Staff told us they knew about people's preferences and interests because they read their care plans and chatted with people. The care plans we looked at included information about people's life history, interests and important relationships. Staff were able to tell us about people's individual preferences and this matched what people told us and what was recorded in their care plans. We saw that people's care was regularly reviewed and care plans were updated to reflect their changing needs. Relatives told us they were invited to attend reviews to support their relation. Staff told us they were updated about changes during the shift handover and information was documented in a care updates book which was signed by staff to confirm they were aware of the changes. We saw staff shared information about how people were at handover and identified any concerns that staff needed to be aware of. This ensured all staff had up to date information to meet people's needs.

People told us they were encouraged to follow their interests and engage socially with others at the home. We spoke with two people who were sat together, one person told us, "We're good friends and like to sit and chat". People told us they had a regular sing along and exercise session every week. One person told us, "I love it". Another person told us, "We have some activities but also make our own entertainment. I do a lot of reading and I've just started playing dominoes". We saw people reading their daily newspaper and doing crafts and in the afternoon, a member of staff played word games which stimulated chatter and laughter. A member of staff told us, "I always share my news with people, for example one of my relatives has just got married and I brought in a tier of the cake. They love hearing about that. We also reminisce about our things from our past, like favourite sweets from childhood". We saw there were opportunities for people to follow their religious and spiritual beliefs, for example one person received Holy Communion.

People told us they knew how to raise concerns or make a complaint and were comfortable to do so if the need arose. One person told us, "If I was worried I would talk to the staff. I wouldn't stay here if I wasn't happy". A relative told us, "I would talk to the manager if I thought there was a problem. I have had to raise things in the past but they have always been sorted out". There was a complaints procedure in place and records showed there had been no complaints since the last inspection.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection, we found that the registered manager investigated accidents and incidents but did not use the information to identify trends which could reduce the risk of reoccurrence. At this inspection, we found the required improvements had been made. The registered manager had introduced a new system which recorded more detail, such as the time and location of incidents which would enable them to identify trends to ensure improvements would be made where needed.

At the last inspection the registered manager carried out some quality checks but there was no system in place to use the information to improve the quality and safety of care. At this inspection, we saw the registered manager had introduced a new audit tool with an action plan to ensure changes were made where needed. However, this did not include the monitoring of medicines. We found the registered manager did not check the medicine administration records (MAR) for accuracy. This meant they were not keeping an accurate count of the stocks of medicines held for each person. Where changes were made to people's medicines, entries on the MAR had not been checked by another member of staff to ensure accuracy. Checks were not carried out to ensure that risk assessments were reviewed when people were self-administering medicines to ensure it was still appropriate and safe for them to do so. This meant systems were not in place to monitor and mitigate the risks associated with medicines.

We found the registered manager did not always notify us about important events that occurred in the service. The registered manager had not been aware of the need to inform us about safeguarding referrals, an approval under the DoLS and the notification of a serious injury. This meant we were not always able to check that appropriate action had been taken.

The above concerns demonstrate that effective systems were not in place to assess, monitor and mitigate the risks to the health, safety and welfare of people living at the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that some of the systems used to ensure the premises and equipment were safe for people were disorganised and checks carried out were not always recorded. For example, the registered manager told us they monitored and arranged the maintenance of wheelchairs but this had not been logged. Checks carried out to ensure water temperatures were safe were not logged correctly and did not show where the reading had been taken. This meant the monitoring was not effective in ensuring shortfalls would be consistently identified and acted on. We discussed this with the registered manager and provider. The registered manager told us they had not been able to spend the time they needed to bring about the required improvements in their systems because they were also providing care. The provider agreed they would review staffing levels to enable the registered manager to focus on the management of the home.

At the last inspection, there were no arrangements in place to support staff by providing regular opportunities, through supervision, to discuss their performance and personal development. At this inspection staff told us they had received supervision or a meeting was planned for them and records confirmed this. One member of staff told us, "We review my performance, talk through any problems and

discuss any training needs". Staff told us they felt supported by the registered manager and provider and could go to them with any concerns. One member of staff told us, "The manager listens and acts straight way, if you find a problem, for example a buzzer isn't working, it's sorted out straight away". Staff told us they had staff meetings with the registered manager which updated them on things that were happening at the home. They told us they were asked for their opinions on the running of the home and how they could improve people's experience of care, for example ideas on activities for people.

There was a positive atmosphere at the home and people told us the registered manager and provider were approachable and available if they wanted to speak to them. One person told us, "If there are any problems, the manager makes sure they are sorted out". A relative told us, "We have no concerns, the manager is usually here and the provider comes round and speaks to us". People and their relatives told us they were invited to give their views on the service. We saw that residents meetings were held every three months and minutes of meetings showed a range of issues were discussed. We saw that people had expressed an interest in having a casino night which staff were planning. They told us they had a roulette wheel and chips but no money would be changing hands. Relatives we spoke with told us they had recently received a questionnaire asking their views. A relative told us, "It's the first time we've been asked formally. It's asking for general views because the intention is to redecorate the home". The results of these were not available at the time of our inspection.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems were not in place to assess, monitor and improve the safety and quality of the care people received. Regulation 17 (1) (2) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured there were sufficient staff to meet people's needs at all times.