Marsden Health Care Limited

Marsden Heights Care Home

Inspection report

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Date of inspection visit: 22 and 23 January 2015
Date of publication: 12/03/2015

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

We carried out an unannounced inspection of Marsden Heights Care Home on 22 and 23 January 2015. The service is registered to provide care for up to 20 people. It specialises in the care of older people and older people with a dementia and does not provide nursing care. The service is also registered to provide personal care to people living in their own homes. At the time of the inspection there were 20 people accommodated at the service.

Marsden Heights Care Home is a detached residence located in a semi-rural area on the outskirts of Brierfield. The property is set in its own grounds, with far reaching views from the rear of the home. There is a garden and a small car parking area to the front of the property. The accommodation is provided on one level. There is a lounge with a linked dining area with a kitchenette and a separate quite/ visitor's room. There are 18 single bedrooms and one twin room. One bedroom has an en-suite toilet.

Summary of findings

At the previous inspection on 5 December 2013 we found the service was meeting all the standards assessed.

The service was managed by a registered manager. 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.

People indicated there was an open and friendly atmosphere at the service. One relative said, "It's absolutely amazing, wonderful." We found there were some good systems and arrangements in place to promote an efficient day to day running of the service. However we did find progress could be made with some auditing processes.

People told us they felt safe at the service and they made positive comments about the care and support they experienced. One person told us, "They really look after you it's good is this place".

We didn't observe anything in the way staff treated and supported people, to give us cause for concern about safeguarding protection matters. People were receiving safe support with their medicines.

Recruitment practices made sure appropriate checks were carried out before staff started working at the service. We found sufficient numbers of staff were on duty. We found there was no formal process in place to asses staffing arrangements, to make sure there was always enough staff, however the registered manager agreed to address this matter.

People told us they experienced good care and support. People's needs were being assessed and planned for before they moved into the service. We found arrangements were in place to monitor and respond to people's health and well- being. The service had developed good working relationship with health care professionals.

People spoken with indicated they were treated with kindness and compassion. During the inspection we observed staff interacting with people in a kind, pleasant and friendly manner and being respectful of people's choices and opinions. People said their privacy and dignity were respected. However, we did find some improvements could be made with respecting people's privacy of space.

During the inspection we observed staff involving people in routine decisions and consulting with them on their individual needs and preferences. Discussion meetings were held and people had opportunity to complete satisfaction surveys.

People were happy with the variety and quality of the meals provided at the service. Support was provided with maintaining a healthy diet in response to individual needs and preferences.

People told us how they were keeping in contact with families and friends. Visiting arrangements were flexible. Arrangements in place to provide activities and entertainment; however we found 'dementia friendly' activities were being further researched and considered.

Systems were in place to ensure all staff received regular training, supervision and support. Care workers spoken with understood their role in providing people with effective care and support.

People spoken with had an awareness of the service's complaints procedure and processes. Arrangements were in place to investigate and respond to any concerns raised.

We looked around the premises and found there were some matters in need of attention. We were told these had already been identified. Following our inspection we received confirmation from the registered manager that the matters had been addressed.

During the inspection, we found changes had been made to some of the accommodation and the services provided at Marsden Heights. We therefore found it necessary to seek advice and guidance in respect of these matters.

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?

Good

The service was safe. We had no concerns about the way people were treated or cared for. Staff were trained to recognise any abuse and knew how to report it.

There were enough staff available to provide safe care and support. Staff recruitment was thorough and included all relevant character checks.

We found there were suitable arrangements in place to manage people's medicines. All medicine administration records seen were complete and up to date.

Is the service effective?

Good

The service was effective. People said they were satisfied with the service they experienced. People were encouraged and supported to make their own choices and decisions. The service was meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's health and wellbeing was monitored and they were supported to access healthcare services when necessary. People said the meals were good and they were appropriately supported with diets.

Arrangements were in place to train and support staff in carrying out their roles and responsibilities.

Is the service caring?

Good

The service was caring. People made positive comments about the caring attitude and kindness of staff. During our visit we observed respectful and friendly interactions.

People said their dignity and privacy was respected. People were supported to be as independent as possible. Care workers were aware of people's individual needs, backgrounds and personalities.

People were consulted about their care and were involved in making shared decisions. Information was available to help people with making decisions and choices.

Is the service responsive?

Good

The service was responsive. Arrangements were in place to find out about people's individual needs, abilities and preferences. People were involved with planning and reviewing their care.

People had opportunities to take part in social activities. However, the provision of activities was under review in response to people's comments. People were supported to keep in contact with families and friends. Visiting arrangements were flexible.

People were aware of how to make a complaint should they need to. Processes were in place to manage and respond to complaints and concerns.

Is the service well-led?

Good

The service was well led. People made positive comments about the management and leadership arrangements at the service.

People indicated there was an open and friendly atmosphere at the service.

There were some systems in place to monitor and develop the quality of the service provided.

Marsden Heights Care Home

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 checked 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 22 and 23 January 2015, the first day was unannounced. The inspection was carried out by one inspector.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection visit, we spoke with five people who used the service and six relatives/friends, three visiting healthcare professionals, three care workers, the cook, a student, the registered manager, deputy manager and the providers. We also spent time observing the care and support being delivered and looked at a sample of records. These included three people's care plans and other related documentation, staff recruitment records, medication records, policies and procedures and audits.

Is the service safe?

Our findings

The people we spoke with told us they felt safe at the service. One person said, "I definitely feel safe without a doubt." Relatives told us, "I think (my relative) is safe here" and "We have peace of mind." People spoken with did not express any concerns about the way they were treated or cared for. We didn't observe any interactions or care delivery, to give us cause for concern about people's individual safeguarding protection. Relatives commented, "Definitely not seen any ill treatment, I have come at different times and it's always the same" and "I have watched the staff; they are good with all of them." A visiting health care professional said, "I have never seen anything untoward."

We found individual risks had been assessed and recorded in people's care plans. Management strategies had been devised to guide staff on how to manage these risks. The risk assessments we looked at had been reviewed and updated on a regular basis. Care workers spoken with told us they were aware of people's risk assessments.

There was information on display at the service which provided advice and guidance on keeping people safe. This included the local authority's information leaflets and details of the local advocacy service. The service had policies and procedures to support an appropriate approach to safeguarding and protecting people. Care workers spoken with had an understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse and neglect. They told us what action they would take if they saw or suspected any abusive practice. They said they had received training on safeguarding adults.

People spoken with indicated there were sufficient staff at the service. One person commented, "I have never noticed a shortage of staff, there may be less at weekends but nothing to put us out" and "If I ring the buzzer they come straight away." Relatives told us, "I always think they could do with more staff, but I have never felt there were not enough available to give attention" and "There always seems to be enough staff around during the day." The three visiting health care professionals we spoke with did not express any concerns about the availability of staff at the service, one said, "I think there are always enough staff around." Care workers spoken with considered there were mostly sufficient staff on duty at the service. We looked at the staff rotas, which indicated systems were in place to maintain consistent staffing arrangements. The registered manager said that staffing arrangements were reviewed in response to people's changing needs. However, there was no structured process in place to monitor and assess staffing levels, to ensure there were sufficient suitable staff to meet people's individual needs and to keep them safe. The registered manager agreed to address this matter.

We looked at the recruitment records of two members of staff. The recruitment process included applicants completing a written application form with a full employment history. Checks had been completed before staff worked at the services and these were recorded. The checks included taking up written references, an identification check, and a DBS (Disclosure and Barring Service) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Face to face interviews had been held. The recruitment process aimed to make sure people were suitable to work with vulnerable people.

We reviewed the medicine management processes. Most people had their medicines administered by staff. Their involvement with their medicines had initially been considered when they moved into the service. However, we found action was being taken to re-assess each person's preference and ability to manage their medicines. One person commented, "They give me my medication, I don't want to deal with it." We observed people being given their medicines safely and with respect.

We checked the procedures and records for the storage, receipt, administration and disposal of medicines. Medicines were stored securely and temperatures were monitored in order to maintain the appropriate storage conditions. There was a monitored dosage system for medicines. This is a storage device designed to simplify the administration of medicines by placing them in separate compartments according to the time of day.

All records seen were well presented and organised, complete and up to date. Separate protocols had been drawn up for the administration of medicines prescribed "as when necessary" and "variable dose" medicines. These are important to ensure staff are aware of the individual circumstances this type of medicine needs to be administered or offered. We saw that medication systems

Is the service safe?

were checked regularly. Action plans were drawn up in the event of any shortfalls or omissions on the records. This ensured appropriate action was taken to minimise any risks of error.

Staff designated to administer medication had completed a safe handling of medicines course. This had included a practical assessment to ensure they were competent at this task. Staff had access to a range of policies and procedures which were readily available for reference. Information leaflets were available for each prescribed item.

The registered manager had devised and shared with staff, contingency procedures to be followed in the event of emergencies and failures of utility services and equipment. We found arrangements were in place to check, maintain and service fittings and equipment. Including gas and electrical safety, water temperatures and the call system. We found health and safety risk assessments and fire safety risk assessments were in place. Records showed regular fire drills and equipment tests were being carried out.

We looked around the premises and found there were some matters in need of attention, including an ineffective extractor fan in the kitchen and a damaged bathroom cupboard. We discussed this with the registered manager, who acknowledged our concerns and indicated these as matters that had already been identified as needing attention and assured us action was being taken to make improvements. Following our inspection we received confirmation from the registered manager that the matters had been addressed.

Is the service effective?

Our findings

People we spoke with indicated they were satisfied with the service. One person told us, "It's very good here, I am quite happy with things." Relatives spoken with made the following comments: "It's friendly and not too big", "It's brilliant here", "It's warm and clean" and "I like the homely environment." A visiting health care professional said, "It's lovely at Marsden Heights."

During the inspection we observed staff involving people in routine decisions and consulting with them on their individual needs and preferences. We noted people had been encouraged and supported to personalise their rooms with their own belongings. This had helped to create a sense of 'home', familiarity and ownership.

We looked at how people were supported with their healthcare needs, including receiving attention from GPs and routine healthcare checks. One person told us, "My GP visits occasionally, I can request a visit. The district nurse visits regularly and we are made aware when they are here." People's healthcare needs were considered within the care planning process. We noted assessments had been completed on people's physical health, medical histories and psychological wellbeing. Arrangements were in place for people's healthcare needs to be monitored. Records had been made of healthcare visits, including GPs, the chiropodist and district nurses. During the inspection, a visiting health care professionals told us, "They contact us when needed" another said, in relation to supporting people with behavioural needs, "They work with us to get the best approach for the person."

The MCA 2005 (Mental Capacity Act 2005) and the DoLS (Deprivation of Liberty Safeguards) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. There was information to show appropriate action had been taken to apply for DoLS and authorisation by local authorities in accordance with the MCA code of practice. We found the care planning process included screening people's capacity to make their own decisions. Where necessary, authorisation had been sought to restrict people's liberty in their best interest. The service also had policies and procedures to underpin an appropriate response to the MCA 2005 and DoLS. Staff spoken with had a basic understanding of the MCA 2005. Records and discussion showed arrangements had been made for staff to access training on the MCA 2005 and DoLS.

We looked at how the service supported people with their nutritional needs. People made positive comments about the meals provided at the service. They told us: "The food is excellent" and "We get more than enough." A relative told us, "The food seems good, there are plenty of choices.

They give plenty of drinks and there's always juice about."

We spoke with the cook on duty who explained the arrangements in place for ordering provisions, offering choices, providing nutritionally balanced meals and catering for specific diets.

There was a four week menu in place, which people had been given the opportunity to influence during residents meetings. We looked at the menus which offered at least two choices at each mealtime. One person explained, "We get a choice of main course and pudding. If I don't want that, they can always find something I like, they will make me something."

We observed the meals service at lunch time. We noted the dining tables were attractively set with napkins and the day's menu. The meals looked plentiful and appetising. We noted people enjoying the social occasion of the mealtime experience. We saw people being sensitively supported and encouraged by staff to eat their meals.

The deputy manager described the care support people received in relation to food and nutrition. People's individual tastes, preferences and dietary needs were known and catered for. Processes in place to assess and monitor people's nutritional and hydration needs. GP's and dieticians were contacted as necessary. The care records we looked at showed people's food likes and dislikes had been sought and their dietary needs considered. Nutritional screening assessments had been carried out, with any support needed noted in people's care plan. People's weight was checked at regular intervals. This helped staff to monitor risks of malnutrition and support people with their diet and food intake.

We looked at how the service trained and supported their staff. There were systems in place to ensure all staff received regular training. Staff told us of the training they had received, and confirmed there was an ongoing training

Is the service effective?

and development programme at the service. We looked at training records which confirmed this approach. Care workers had completed an initial two day introduction and then an induction training programme to a nationally recognised standard. The service also had an apprenticeship scheme, which was operated in consultation with a local college. All care workers had a Level 2 or above NVQ (National Vocational Qualification) or were working towards a Diploma in Health and Social Care.

Arrangements were in place for staff to receive regular one to one supervision and ongoing support from the management team. This provided staff with the opportunity to discuss their responsibilities and the care of people who used the service. We saw records of supervisions and noted plans were in place to schedule appointments for the supervision meetings. Staff also had annual appraisal of their work performance and a formal opportunity to review their training and development needs.

Is the service caring?

Our findings

People spoken with indicated they were treated with kindness and compassion. They made the following comments: “The staff here are very nice” and “The staff are really kind and very devoted.” Relatives told us, “Staff are friendly, they all come talking to us, they are so, so caring” and “The staff have been wonderful.” A visiting health care professional told us, “The care they are giving here is second to none.” During the inspection we observed staff interacting with people in a kind, pleasant and friendly manner and being respectful of people's choices and opinions.

People said their privacy and dignity were respected. One person told us, “Staff say it’s a pleasure to help me, they treat me with respect.” A relative commented, “We were told it’s their home, we want them to treat it as their home.” We saw people being assisted considerately; they were politely reassured by care workers. We observed people spending time in the privacy of their own rooms and in different areas of the home. We saw that staff knocked on doors before entering, however, we experienced one occasion where a care worker knocked, but did not wait for a reply before entering a bedroom. We discussed this matter with the deputy manager who acknowledged our concerns and agreed to take action to improve this practice. We also noted an appropriate lock had not yet been fitted on a new bathroom door; however the registered manager indicated this matter was in hand.

Residents’ discussion meetings were being held. These helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. One person told us, “We have a residents meeting now and then, we discuss things generally.” We looked at records of meetings which showed various matters had been raised and considered. We observed people being as independent as possible, in accordance with their needs, abilities and preferences. One person told us, “There are no restrictions, I’m independent, they come when I call, I still feel in control of my own life.”

Care workers spoken with understood their role in providing people with care and support. There was a ‘keyworker’ system in place, this linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Staff were aware of people’s individual needs, backgrounds and personalities. They gave examples of how they delivered care and promoted people’s independence, dignity and choices.

There were notice boards in Marsden Heights, which provided information about forthcoming events and the programme of activities. Details of the local advocacy services were also on display. There was a guide to the service a brochure and an internet website, which included useful information about the services and facilities available.

Is the service responsive?

Our findings

We looked at the way the service assessed and planned for people's needs, choices and abilities. We spoke with relatives who described how this process was managed. They commented, "We were involved with the assessment, they went through things with us", and "The manager did a mass assessment at our home, we went through everything."

The registered manager described the processes in place to assess people's needs and abilities before they used the service. This involved gathering information from the person and other sources, such as, families, social workers and health care professionals. Where possible people were encouraged to visit, for meals and day care. This gave people the opportunity to experience the service, by seeing the accommodation and spending time with people.

We found the care assessment processes took into account people's previous lifestyles and personal histories. This meant consideration was given to their cultural and social backgrounds, their interests and aspirations. One visiting healthcare professional told us, "They do a lot of information gathering using a 'life story' format, which can be helpful when caring for people with a dementia."

We looked at three people's care files and found each person had an- depth assessment which included details of how their needs were to be met. There were risk assessments on the specific areas of need often associated with older people, along with defined strategies to respond to identified risks. The care plans we saw were well presented and easy to follow. They included background histories and personalised information about people's preferred routines, likes and dislikes. However, we found care plans for the three most recent admissions had not been fully developed. We were told this was due to the time it took to gather and record the personalised information. We discussed this matter registered manager who acknowledged our concerns and agreed to ensure interim care plans were developed, to provide more specific instructions for staff to follow.

People were being involved as much as possible with planning and reviewing their care. One person said, "We went through the care plan together." Relatives indicated they were involved informally with this process, one commented, "Support is given with care needs, they are not missing anything." Processes were in place to monitor and respond to changes in people's needs and circumstances. We saw the care plans had been updated on a monthly basis or more frequently, in line with people's changing needs. We noted some people and/or their relatives had signed their care plans, which confirmed their agreement and involvement with the content.

The health care professionals spoken with indicated the service was responsive to the needs of the people accommodated. One told us, "They ask for help and support and work with us to get the best approach for the person. They have adapted their work practice in response to people with dementia."

People were supported to maintain their relationships with their friends and family. Visiting arrangements were flexible and people could meet visitors in the privacy of their own rooms. One relative told us, "We can call anytime whenever, it's an open house."

People indicated they were generally satisfied with the activities provided, including the visiting singers and regular church services. Relatives told us of the many events which had taken place during the Christmas season. During the inspection we observed staff engaging with people individually and in groups. There was a programme of activities displayed in the home and we saw people playing dominoes. The providers were reviewing the services' activities and engagement programme in response to comments they had received in quality assurance questionnaires. The registered manager told us 'dementia friendly' activities were being researched and considered.

All the people spoken with had an awareness of the service's complaints procedure and processes. One person told us, "I have not needed to complain at all, but I would speak to the manager if I needed to." A relative said, "No grumbles, I would go to the manager if I had a complaint I think she would deal with it." The complaints procedure was displayed in the hallway and was included in the guide to the service. We found the service had systems in place for the recording, investigating and taking action in response to complaints. There had been one complaint raised at the service within the last 12 months. Records seen indicated the matters had been investigated and resolved to the satisfaction of the complainant.

Is the service well-led?

Our findings

People made positive comments about the management and leadership arrangements at the service. One person told us, "I think it's well managed, the owners are very nice they always ask how I am. The manager is very nice; she is very good at dealing with people." A relative said, "I think the manager is very good, I could go straight to her if needed." The visiting health care professionals spoken with told us they had 'no problems' with the management of the service. One commented, "I think the home is well managed."

There was a manager in post who had been registered with the Care Quality Commission since 2013. There were clear lines of accountability and responsibility. There was a deputy manager and senior carers, with designated responsibilities for the day to day running of the service. The management team was supported and monitored by the registered providers. Staff spoken with indicated the registered manager, deputy manager and providers were supportive and approachable.

People indicated there was an open and friendly atmosphere at the service. There were systems and processes in place to consult with people who used the service, relatives and staff. Relatives confirmed communication systems were good. The registered manager operated an 'open door policy', which meant arrangements were in place to promote ongoing communication, discussion and openness. People using the service and staff had opportunity to influence the service by participating in regular meetings.

People who used the service, other stakeholders and staff had been given the opportunity to complete satisfaction surveys annually. We looked at completed surveys and found they included positive responses. We found the results of the last consultation survey had been collated and analysed, with plans devised to address the outcomes.

The registered manager and registered providers used various ways to monitor and audit the quality of the service. The registered providers visited the service on a regular basis and carried a structured monitoring and recording process. They also held monthly supervision meetings with the registered manager. Records showed any matters needing attention had been identified within a time scaled action plan. There were audits of the various processes, including medication systems, health and safety and staff training. However, we found there was a lack of some auditing processes. For example, there was no structured approach to auditing care plans and no specific audit on the control and prevention of infection. We discussed this matter with the registered manager, who acknowledged our concerns and agreed to develop and introduce further monitoring systems for the well-being of people using the service.

During the inspection, we found changes had been made to some of the accommodation and the services provided at Marsden Heights. We therefore found it necessary to seek advice and guidance in respect of these matters.