

Mrs Jane Margaret Larter

Marrams

Inspection report

7 May Cottages
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Date of inspection visit:
04 March 2020

Date of publication:
31 March 2020

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Marrams is a residential care home providing personal care to 3 people aged 65 and over at the time of the inspection. The service can support up to 3 people.

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

We made a recommendation because systems to monitor and assess the safety and quality of the service were not comprehensive and were not effective at identifying shortfalls within the service. Risk assessments for the environment had not been completed. The provider assured us this would be addressed. Checks on the fire and water systems were undertaken to ensure they were safe. Individual risks to people's health had been assessed.

Staff understood their responsibilities in relation to safeguarding and had received training in this. People were given their medicines as prescribed. Pre-employment checks had not always been carried out for new staff. The provider assured us this would be addressed. There were consistently enough staff to support people.

There was a person-centred culture within the home and people enjoyed living there. Staff enjoyed their work and felt supported by the provider. People, their relatives and staff were involved in providing feedback about the service.

Staff had not received training in health and safety but had completed other training relevant to their role. Assessments of people's needs were completed prior to them moving into the home. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were supported to maintain a healthy nutritional intake and timely referrals to healthcare professionals were made when people became unwell.

People were cared for in a way which upheld their dignity and respected their privacy. Staff supported people to maintain their independence and knew people well as individuals. People were involved in the planning of their care and treatment.

People's care was planned in a person-centred way and records of people's care were regularly reviewed and updated. There were no restrictions in relation to people having visitors and people were supported to access their local community and maintain their interests. No complaints had been made about the service in the past year, but people felt able to raise a concern if needed.

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

Rating at last inspection

The rating at the last inspection was good (published 14 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Marrams 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 re-inspection 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Marrams

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.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Marrams 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 was operated by an independent sole provider who oversaw the daily running of the service. Therefore, there was no requirement to have a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with all three people who lived in the service and the relative of one person. We also spoke with

the provider and two members of care staff. We looked at one person's care record in detail and parts of two other people's care records. We reviewed the medicine record for one person. We reviewed one staff recruitment file, staff training records and a range of quality monitoring records which related to the day to day running of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We also made telephone calls to staff.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks relating to people's individual health needs had been identified and planned for. This included risks associated with falls and accessing bathrooms.
- Electrical, firefighting equipment and alarms were tested regularly. Periodic water sampling was also undertaken, and water temperatures were monitored to minimise the risk of legionella.
- Accidents and incidents were recorded. Records showed staff monitored people's health and wellbeing after an accident to check they were comfortable and were not experiencing any pain or distress post incident.
- We saw the provider took action after a recent accident. This included changing the layout of one person's room to mitigate the risk of further accidents.

Staffing and recruitment

- The staff recruitment file we looked at included a satisfactory check with the Disclosure and Barring Service. These checks show if staff have been convicted of any offences which would preclude them from working in a care setting.
- All of the people we spoke with told us they thought there were enough staff. Staff we spoke with told us the provider would support them with providing support for people.

Using medicines safely

- People were given their medicines as prescribed. The medicine records we looked at showed there were no gaps on the records where staff signed to say they had administered the medicine. The number of medicines in stock also tallied with the amount we would expect to see still in stock.
- One person administered their own medicines. There was a risk assessment in place and an agreement with the person that staff could regularly check their medicines to ensure they were taking them as prescribed.
- Staff had received training in the safe administration and management of medicines. Staff we spoke with told us the provider observed them administering people's medicines regularly to assure themselves staff were competent in doing so.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of what their responsibilities in relation to safeguarding. They were able to tell us how they would report any concerns.
- Staff told us they had received training in safeguarding adults and training records confirmed this.
- There was information and the contact details for the local safeguarding team displayed on a notice

board by the main entrance to the home.

Preventing and controlling infection

- The service was clean throughout and people's rooms were clean and tidy.
- We observed staff wore disposable gloves and aprons when they were required to do so. There was also hand sanitiser by the entrance and a sign reminding all visitors to sanitise their hands before going into the home.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

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.

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.

- All of the people living in the home had capacity to consent to their care and treatment. Therefore, no applications had been made to deprive people of their liberty.
- Staff had an understanding of the MCA and how it would apply to their work in the event someone was unable to consent to their care and treatment.
- People's needs were assessed prior to them moving into the home. This enabled people and their relatives to have a discussion with the provider about whether they could meet people's needs. One person's relative told us the assessment process was thorough and their family member had met with the provider a number of times prior to moving into the home.

Staff support: induction, training, skills and experience

- All new staff completed an induction which included getting to know the people who lived in the home and shadowing an experienced member of staff.
- Staff completed training relevant to their roles, however, we noted staff had not completed health and safety training. The provider told us that elements of health and safety were discussed in other training attended by staff. For example, during the fire training. They agreed to book staff on to a health and safety course.
- Staff told us they had regular supervisions and a yearly appraisal with the provider. Supervision is a

meeting for staff so they can discuss their role and any support they require, for example, further training if needed.

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 good," and added, "I like crab, they get crab in for me." On the day of our inspection, the provider told us they had visited several different places that day to try and find a crab for the person as they had said they wanted to have it that day. A second person told us, "The food is excellent, no problem with the food."
- People were able to choose when they wanted their meals and what they would like to eat. Our observations showed people's individual preferences were catered for and people were able to choose where they ate their meals.
- Staff took action when there were concerns about people's nutritional intake. For example, one member of staff told us one person lost their appetite for a short time and staff made them milky drinks to minimise the risk of losing too much weight. Records showed people's weight was monitored regularly and people maintained a stable weight.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other healthcare agencies to ensure people's care needs were met. One person's relative told us staff had, "A good rapport with the doctors," at the local GP practice. Our discussions with staff showed they understood and cared for people in line with guidance given by professionals involved in people's care.
- People were supported to access healthcare services. One person told us, "They took me to hospital today, cleared everything for me." One person's relative told us, "[Provider's name] spots it straight away," when they were telling us about a time their family member had an infection. They added staff were quick to seek advice from the GP. Records confirmed staff documented concerns about people's health and wellbeing and when advice and treatment was sought.

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

- The home was a purpose-built construction and was designed in a way to meet the needs of the people who lived there. All areas of the service benefitted from lots of natural light and there was a large lounge, dining and kitchen area. The walkways in the home were wide and kept free from clutter. There was also an accessible wet room in addition to the en-suites in people's rooms.
- There was a garden to the front and side of the home which looked well maintained. The garden was easily accessible to people and there were patio areas with seating.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People we spoke with were positive about the way they were cared for. One person told us, "[The staff] Are all very caring." One person's relative said, "The staff here are brilliant, you can't beat the care here, it's so comfortable."
- We saw staff treated people in a kind way and were not rushed when supporting people. For example, we saw one person being supported to get ready to go out. The member of staff was gently helping them with their coat and took the opportunity to speak with the person about where they were going.
- Staff knew people well and were able to tell us about people's care needs and personal histories in detail.

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

- People told us they were involved in the planning of their care. One person said they did not want to contribute to their care plans, "I rely on the staff for care plans."
- People were able to make their own choices about how they spent their day. One person told us, "I choose what I want to do, wouldn't like to be pushed into doing what I didn't want to do." Our observations showed staff consistently offered people choice. For example, we heard one member of staff asking one person if they would like a drink and if they'd like anything to eat with their drink.
- Staff understood how people liked to dress and what was important to them in relation to their personal appearance. For example, one person liked their hair styled in a particular way and staff organised for them to have a hairdresser visit weekly.
- We noted staff had time to spend speaking with people. One member of staff told us, "You can give them the care they need." We saw from the way people conversed and interacted with staff that they enjoyed their company.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, one person told us, "They leave me to do what I'm doing, I don't like interference. Staff know what I like and when to leave me." Staff told us about how they respected people's privacy and said some people liked to spend time alone in their rooms. We observed staff knocked on people's doors and waited for a response before entering.
- People were treated in a way which upheld their dignity. We heard one member of staff discreetly asking one person if they were able to support them with their personal care.
- Staff supported people to maintain their independence as much as possible. One person told us how staff helped them to regain their independence with some aspects of their personal care since moving into the home. We saw one person had a walking aid so they could mobilise independently.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records detailed their individual care and treatment needs. This included information about people's personal histories. Care records were updated when people's care needs changed and were kept under regular review. One person's relative told us how staff were quick to source a pressure relieving bed for their family member when their care needs changed.
- People were supported to have choice and control over their care and treatment. People's care records clearly documented how people chose to care for themselves and where staff were required to support. For example, one person liked to organise their own medical appointments but asked staff to keep the appointment letters for them.
- People were encouraged to bring in their own belongings into the home. One person's relative told us their family member was able to bring their armchair from home to put in the lounge.
- Staff we spoke with told us they had fostered good relationships with people's relatives. One person's relative said the provider contacted them every day to tell them how their family member was.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had a good understanding of people's individual communication needs. One person told us how staff helped them to access talking books and newspapers. Our observations showed staff communicated with people according to their individual needs.
- Staff were able to tell us about how they communicated with the people living in the home. People's care records detailed people's individual communication needs, for example, one person's care record detailed what they might say or do if they became frustrated.
- The provider told they would be able to provide information in a variety of formats if people required this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to access their local community and were able to have visitors without restriction. One person told us how they liked a walk every day, "A little walk gets me out of the house." A second person told us how they went out with their family. One person's relative told us staff took their family member shopping and out for fish and chips. The provider emphasised to us how important they felt it was that people accessed the community as much as possible and told us about the outings they had taken people on

across the county.

- One person told us how staff had helped them to set up video calling so they were able to stay in contact with friends abroad. Arts and craft items were available to people and one person told us how they found doing their art work relaxing. One person told us how they enjoyed gardening.

Improving care quality in response to complaints or concerns

- People told us they would feel able to raise a complaint if needed. There was a complaints policy in place and the service had not received any complaints in the past 12 months.

End of life care and support

- People's end of life wishes were not documented in their care records. We spoke with the provider about this. They told us if a person was receiving end of life care they would speak with the family about the person's wishes as they had regular contact with people's families and commented on the good relationships they had developed with relatives.

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 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; Continuous learning and improving care

- The provider had employed an external consultant to implement systems to monitor and assess the safety and quality of the service. The records of the audits carried out did not specify what aspects of the service had been reviewed and we saw that some areas should have been reviewed monthly, for example, people's care records. Records showed the monthly reviews had not been carried out since November 2019.
- The current governance systems also failed to identify areas for improvement or where records were not complete. For example, we had identified employment references had not been sought for staff and there were no risk assessments for the home. Gaps we found in staff training had also not been identified. We raised our concerns with the provider who assured us they would review their governance procedures.

We recommend the provider implements comprehensive governance systems to monitor and assess the safety and quality of service being delivered.

- Staff were clear about their roles and our observations showed staff were able to carry out their roles effectively without direct supervision from the provider.

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

- The provider understood their duty of candour and were able to explain the slight delay in the reporting of one incident to us. Providers are required by law to send us notifications of reportable incidents. Our records showed that all other notifiable incidents had been reported to us.

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

- The provider promoted a person-centred culture within the home. They told us, "[The people living here] have exactly what they want, exactly how I'd like my Mum to be treated." People we spoke with told us they liked living in Marrams. One person said, "[It's] very nice here." A second person told us, "It's lovely, we're all friends here." A third person said the home was, "Well run."
- Staff spoke positively about their work and felt supported by the provider. One member of staff told us, "I love being here, [provider's name] is always so supportive." A second member of staff told us, "The staff morale is good."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Due to the small size of the home, there were no formal meetings for people who lived there. The provider told us they regularly sought feedback from people and their relatives. We saw letters from relatives who had given the provider positive feedback.
- Staff told us they had regular meetings and records confirmed this. We saw agenda items included discussions about changes to people's care needs.
- Staff worked with other services to achieve good outcomes for people. For example, the provider contacted one person's GP to get advice about whether it was safe for one person to attend a wellbeing spa for a treatment. Because they sought this medical advice, the person is now able to access holistic treatments specifically for them.