

Mrs R Ghai

Marlyn House

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Overall summary

We inspected this service on 14 May 2015. This was an unannounced inspection. At our inspection in September 2014 we identified concerns about the way the home was maintained and kept in good repair. At this inspection we found that improvements had been made and there was an ongoing refurbishment programme place.

The service was registered to provide accommodation and personal care for up to 18 people, some of whom maybe living with dementia. At the time of our inspection 14 people were using the service.

The service had 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.

Summary of findings

Some quality management programmes were in place but the registered manager was not using the information from audits to improve the delivery of care to. Staff were not offered individual supervision to support their care and development.

People told us they felt safe living at the service. Staff understood their role in providing safe care and the actions they should take whenever they had concerns.

Staff received appropriate training to provide them with the skills they needed to care for people living in the home. There were sufficient numbers of suitable staff to meet people's diverse needs and keep people safe.

People were given a choice of suitable food and were encouraged to take adequate fluids to promote their health. People's health and wellbeing needs were monitored. People received additional support from health care professionals whenever specialist care was required.

People were treated kindly. Staff promoted people's independence and respected their individuality. People were supported to make choices for themselves and staff respected their preferences.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Deprivation of Liberty Safeguards are for people who cannot make a decision about the way they are being treated or cared for and where other people are having to make this decision for them. People were asked for consent before their care was provided. Some people were unable to make choices or consent to their care. Staff understood the requirements of the MCA and the DoLS and ensured that when necessary, decisions affecting people's health and safety were made in their best interests.

People were provided with opportunities to share their views about the service and action was taken based on people's comments. People understood how to complain or raise concerns and there was a process in place to ensure any complaints were managed appropriately.

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?

The service was safe.

Staff knew how to protect people from the risk of abuse and how to escalate any concerns they had. Risks to people's health and safety were assessed and there were individual management plans in place to minimise the risk of harm. There were a sufficient number of suitably recruited staff. People's medicines were managed and administered safely.

Good



Is the service effective?

The service was effective.

Staff had received training and had the skills they needed to care for people. Staff understood and worked within the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People received nutritious food and adequate drinks. There were referrals to health care professionals when people needed additional support to maintain their health and well-being.

Good



Is the service caring?

The service was caring.

People were treated with kindness and compassion. Staff respected people and were polite. People were encouraged to be independent and given choices about their care. Staff supported people to maintain their privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People received care that met their preferences because staff knew their likes and dislikes. People had the opportunity to join together for social interaction. People knew how to complain or raise any concerns they had.

Good



Is the service well-led?

The service was not consistently well-led.

There was a programme of quality monitoring in place to assess the quality of care provided to people however the information from audits was not used to influence the planning of care. Staff did not receive one-to-one supervision to support them. The registered manager and the provider had completed action plans to ensure improvements were made to the upkeep of the home. People and staff were given opportunities to share their views on the service through the provision of regular meetings.

Requires Improvement



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 14 May 2015 and was unannounced. The inspection was carried out by one inspector.

We looked at the information we held about the service and the provider including notifications they had sent us about significant incidents. The provider had not completed a Provider Information Return (PIR). This is a

form that asks the provider to give us some information about their service, what they do well and any improvements they plan to make. The provider told us they had not received the request from us.

We spoke with eight people who used the service, four relatives, five members of the care staff, a visiting health care professional, the registered manager and the provider. We did this to gain views about the care and to check that standards of care were being met.

We spent time observing care in the communal areas of the home and observed how the staff interacted with the people who used the service.

We looked at the care records for three people to see if the records were accurate and up to date. We also looked at records relating to the management of the service including, quality checks, training records and staff rotas.

Is the service safe?

Our findings

At our last inspection on 30 September 2014 we judged that the provider was not meeting the legal requirements to ensure the home was maintained sufficiently to ensure it was safe for the people who lived there. The provider completed an action plan in November 2014 detailing how they would make improvements to the condition of the home. At this inspection we checked to see that sufficient action had been taken to address our concerns and found improvements had been made in all areas. Cleaning regimes had been implemented and there was a programme of refurbishment in progress.

People told us they felt safe living in the home. One person said, "I get looked after 24 hours a day. Any problem there's always someone here". Relatives we spoke with told us their family members were safe and well cared for. One relative said, "They're much safer living here".

Staff understood their responsibilities to keep people safe and their role in protecting people from harm. Staff were aware of the behaviours which might make them suspect someone was being abused and the actions they would take to report their concerns. One member of staff said, "I'm due for a training update in safeguarding but I still know what is expected of me". Staff told us they would happily raise concerns about the service directly to the registered manager or provider and felt their views would be listened to and taken seriously. Staff were also aware they could take their concerns to external organisations if they felt appropriate action had not been taken.

The provider had arrangements in place to manage risks including assessment of people's individual risks. The care plan covers were colour coded to alert staff if the person had a specific risk associated with their care. The care plans contained risk assessments including people's support requirements for safe moving and handling based on their

mobility and risk of falling. Staff understood people's risks and we saw members of staff watching people when they moved and reminding them, if appropriate, to use their walking aid or put their slippers on securely. Senior care staff reviewed people's care plans on a monthly basis to ensure the risk assessments in place were still appropriate and relevant for the person.

People told us that there were always staff available to provide them with care and support. One person told us, "There's enough staff around. They don't keep me waiting". Another person said, "There's plenty of staff. They come straight away if you buzz, day and night". The registered manager told us they didn't need to use agency staff. They confirmed if there was staff sickness the permanent staff were willing to work extra hours to provide continuity. A visiting health care professional told us, "The staffing numbers are always okay when I come here".

We looked at four staff recruitment files and saw there were records of applicant's previous employment, appropriate references and information from the Disclosure and Barring Service (DBS) which provides details about previous criminal convictions. This demonstrated there were safe recruitment processes in place to ensure potential staff were suitable to care for people who lived in the home.

We saw that medicines were managed and administered to ensure people received their prescribed medicines safely. We saw that medicines were stored securely and at the required temperature to maintain their condition. We looked at the medication administration records (MAR) and saw they were completed appropriately by staff. The MAR charts were colour coded to provide additional guidance to staff for the time of day the prescribed medicine was due to be given. Staff kept accurate records to indicate when medicines were not given, for example when a person refused to take them or if the GP had made a change to the prescription.

Is the service effective?

Our findings

We saw that people received care from staff that had the skills and knowledge to care for them effectively. People we spoke with told us the staff knew how to look after them. One person said, “The staff have really helped me. I wasn’t good when I came in but I feel so much better now”.

A member of staff told us, “I feel we make a difference. We see an improvement in people’s health and self-confidence”.

Staff told us they had access to training to give them the skills they needed to provide care and support to people. We heard staff communicate effectively with people in a way that was appropriate with their level of understanding. A member of staff told us, “I’ve recently done training in caring for people living with dementia. It made me realise what it was like for people. I learnt people don’t like changes like furniture being moved around”.

Staff told us there was an induction process in place to support new members of staff. One member of staff told us, “During my induction I shadowed other staff until I was confident. Staff watched how I used the equipment for moving people to make sure I was doing it properly”. Another member of staff said, “New staff learn by getting experience of care by working with us. They shadow us until they and we feel they’re confident in the way they deliver care to people”.

Staff told us they felt supported by the registered manager to fulfil their role. They told us they received an annual appraisal on their performance but did not have one-to-one supervision on a regular basis. However we saw the manager observed staff delivering care and the provider confirmed that she supported staff well on a day-to-day basis. The registered manager told us, “I am constantly observing the way the staff care for people”. A member of staff told us, “The manager, is brilliant. She will listen to you and is always happy to help you”.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements to ensure, where appropriate, decisions about people’s health, safety and well-being, are made in their best interests, when they are unable to do so for themselves. We heard staff asking for people’s consent before delivering personal care and involving people in decisions that affected them. We saw in the care plans that people’s

mental capacity was assessed whenever there were concerns about their need for support with decision making. Staff recognised that some people may need support from an independent person and had involved an advocate when necessary. An advocate can help people express their needs and wishes.

The registered manager understood their responsibility to comply with the DoLS legislation. No one living in the home during our inspection was being deprived of their liberty however, we saw from records that appropriate applications had been made when required in the past.

People were provided with a varied diet and a choice of meals. We saw people were asked during the morning what they would like for their lunch and during the course of the afternoon, for their teatime preferences. At lunchtime the food provided looked and smelt appetising. We heard people complimenting the food whilst they were eating and everyone we spoke with told us they had enjoyed their meal. One person had changed their mind about the food they had ordered and was offered an alternative straight away.

People with specific dietary needs received meals that supported their physical health and well-being. We spoke with the cook who told us about the people who needed their food prepared or presented in a different way. We saw, at lunchtime that people was given food which had been pureed when they were unable to swallow whole foods safely.

People were supported to maintain a healthy weight. People’s weight was monitored regularly and where necessary, additional dietary supplements were prescribed to enhance people’s nutrition. One person we spoke with told us, “I’d lost a lot of weight before I came here but they’ve helped me build it back up again”.

People were offered fluids and encouraged to drink regularly because staff recognised the importance of keeping well hydrated. Staff were aware that some people needed to increase their fluid intake and we saw staff filling water jugs for people and reminding them to have a drink each time they supported them. Staff told us, “Some people are prone to water infections so we really try hard to keep them drinking”.

People told us they had access to health care professionals whenever they needed additional support. One person told us, “The staff always go with [Name] when they have a

Is the service effective?

hospital appointment". We also spoke with a visiting professional who told us, "The staff work with us. They act on our instructions and advice when we suggest changes to care or a person's medicines".

Is the service caring?

Our findings

Everyone we spoke with told us they were happy with the care they received. They told us the staff treated them well. One person said, “The staff are really kind, they’re lovely”. A relative said, “The care is fantastic”. A visiting health care professional told us, “I’ve only ever seen people treated with kindness and compassion. I’d give the staff 100%”.

People’s individuality was recognised by staff. The care staff we spoke with were knowledgeable about people and understood how their past lives impacted on the way they behaved as they got older. We heard staff speaking with people about their previous life experiences and about their families. People told us they felt at ease with the staff. We saw staff acknowledged people and chatted with them. People looked relaxed with staff and we heard light hearted banter between them. A member of staff told us, “We like to hear people laugh”. One person told us, “They [the staff] always have a cheery word for us”.

We saw that people were supported to maintain their privacy and dignity. Personal care was delivered behind closed doors and for people who shared a bedroom there was a curtain to provide a private area when required. Staff responded with discretion, in a timely manner to requests

for personal care. We saw staff speak with people quietly so that other people could not hear their conversation. A member of staff told us, “I was brought up to respect people”. Another member of staff said, “We always make sure we give people privacy”.

People told us they could choose how they spent their time. We saw some people liked to spend time together in communal areas and other’s preferred to stay in their bedrooms. Staff told us they listened to people and supported them in the way they wanted. One member of staff said, “We always ask people what they’d like to wear and listen to their choices”. One person we spoke with told us, “I prefer to stay in my room but join the others for lunch. The staff know that”. Another person had asked staff not to disturb them by checking on them overnight. We saw that staff had discussed this with the person and they had all agreed to reduce the checks to a safe minimum.

People were supported to maintain important relationships with friends and family. People and relatives we spoke with confirmed that visitors could come to the home whenever they wanted. One relative told us, “[Name] has only been here for a short time but they’ve been very happy here. We have all been made to feel very welcome”.

Is the service responsive?

Our findings

People told us they were supported to live in the way they preferred because staff understood their likes and dislikes. We saw that the care plans included information which had been provided by people and/or their families about the way they would prefer to receive care and support. For example, we saw that there was step by step information about the way a person should be supported with their personal care which enabled them to maintain their independence to wash themselves. People told us staff respected and understood their preferences. One person told us, "It's up to me when I go to bed and I wake up when I'm ready to. There's no pressure to change that".

People were supported to socialise together. We saw there was a programme of social activities for the week displayed in the hall which included a visit from the hairdresser, music and quizzes. Staff told us they were responsible for supporting people to take part in pastimes and there was something planned for each day of the week. An entertainer visited the home one day per week. One person we spoke with told us, "We have a sing-a-long on a Monday and sometimes quizzes." Another person said, "There's not enough going on for me". I'd like a bit more variety. What's on offer isn't my cup of tea". We saw that expanding the opportunities for socialising had been discussed at a resident's meeting and plans had been put in place to offer a more varied programme, including outings when the weather improved.

We saw there was information displayed prominently in the reception area advising people and visitors what to do if they wanted to raise any concerns or complaints. Everyone we spoke with told us they knew who to complain to if they needed to. One person told us, "I'd speak to the manager, she'd sort it out". Staff told us if complaints were received they were discussed with staff so that improvements could be made.

Care records were reviewed to ensure they remained accurate and contained the most up to date information about people. Staff told us it was the responsibility of the senior care staff to review the records. Staff said they were informed of the changes during handover. Changes were also documented in a care changes book which staff had to sign to confirm they'd read the updated information. We heard staff sharing information about people during handover. Staff were told how people were, if someone hadn't eaten much for lunch or if someone needed closer observation because they didn't seem quite themselves. We saw that staff kept up to date daily records about people, how they spent their time, what care they had received and if they had been visited by health professionals. This demonstrated there were arrangements in place to ensure there was consistency of communication.

Is the service well-led?

Our findings

We saw that staff kept records of any incidents and accidents which had occurred, including falls. The information was recorded in people's daily records of care and logged for the registered manager. The registered manager told us they investigated why an incident had occurred however they did not use the information to identify trends which could reduce the risk of recurrence.

We saw action plans had been produced to ensure the programme of environmental improvements were completed. An external company had been contacted to undertake a health and safety assessment of the home to support the checks which were already in place. The registered manager was completing some quality checks but there was no system in place to use the information gained to identify and analyse trends which could be used to improve care. There were no arrangements in place to support staff by providing regular opportunities, through supervision, to discuss their performance and personal development.

The registered manager understood the responsibilities of registration with us and reported important events which affected the service, to us. People spoke positively about the way the home was managed and we saw there was an inclusive atmosphere where people felt comfortable approaching the registered manager, provider and staff. One person said, "Both [the manager] and [the provider] are very kind. We see them regularly and they always have time for a chat". Staff told us they liked working at the home because it gave them an opportunity to improve people's lives. One member of staff told us, "We try and treat people like kings and queens." Another member of staff said,

"Whatever they [the people] want we get it for them". We heard one person asking the provider to do some shopping for them. Staff told us they picked up shopping for them every week.

Staff told us the registered manager was effective in their role. One member of staff said, "[Name] is absolutely brilliant. She keeps an eye on us and always has time for us and the people living here". A visiting health care professional told us, "The registered manager is kind and compassionate. They really do care".

People told us they had opportunities to share their views on the way the home was run and the impact this had on their care through the provision of regular meetings. During this meeting people were also given the opportunity to speak privately to the registered manager if they wanted to. We saw from the minutes that people had requested 'outings' and arrangements were being made to organise a pub lunch. We saw in the staff meeting minutes that members of staff had volunteered to support this.

Staff told us they were supported to fulfil their role and given opportunities to discuss changes in the home which might affect them. We saw staff were provided with meetings led by the registered manager. A member of staff told us, "The meetings are an open forum. We can discuss whatever we want."

Staff said the provider spent time each week in the home. The provider was present in the home during our inspection and we saw positive communications between them and staff. Staff told us, "The provider is here at least a couple of times a week. She is lovely with the people living here and the staff". We saw there were on-call arrangements in place to provide staff with support outside of the registered manager's normal working hours. A member of staff said, "We can always speak to someone if we need help or support".