Chigwell Homes Limited

Marcris House

Inspection report

Coopersale Lane
Theydon Bois
Epping
Essex
CM16 7NS
Tel: 01992 814276

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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

Overall summary

This inspection took place on 31 October 2014.

Marcris House is registered to provide accommodation for 32 older people who require personal care. There were 27 people living in the home on the day of our inspection.

The service had not had a registered manager working there since December 2013. 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 and associated Regulations about how the service is run.

The provider had not told us about events that they were required to so that we could see that they were taking suitable action to manage these properly. Systems to check the quality and safety of the service were not effective. Up to date guidance about protecting people's

Summary of findings

rights had not been followed and clear explanations were not always recorded for decisions made on a people's behalf. You can see what action we told the provider to take at the back of the full version of the report.

People felt safe. Areas of the premises were not well maintained. Staff were appointed after checks were completed to ensure they were of suitable character to look after the people they supported. There were enough staff available to meet people's needs and support people individually. Medicines were safely stored and were given to people in the way that was prescribed for them.

People were provided with nutritious food that they enjoyed and they were given the help they needed to eat and drink well. People were supported to gain access to health professionals and services that they needed. Aspects of the environment were not effectively adapted to meet people's needs.

Staff felt well supported and most had received the training needed to do their job well. Staff asked people's agreement before carrying out any care and tasks.

People felt well cared for by kind and caring staff who treated them with dignity and respect. Staff took time to communicate with people living in the service in a way that people were able to accept and benefit from. People spoke highly of the staff and the level of care they provided to people living in the service. Visitors were welcomed and people's right to privacy was upheld.

People's care was planned and reviewed with them or the person acting on their behalf. This made sure that people's preferences were included and that staff had information on how best to meet people's needs.

People felt able to raise any complaints and were sure they would be listened to. Information to help them to make a complaint was readily available. Complaints received by the service were responded to promptly.

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?

Requires Improvement

The service was safe. Staff knew how to recognise and report abuse to safeguard people.

People were cared for in an environment that was not always well maintained.

There were enough staff to meet people's needs safely.

Medicines were safely managed.

Is the service effective?

Requires Improvement

The service was not effective. Guidance had not been followed to safeguard people's human rights and to ensure decisions made on their behalf were clearly explained.

We have made a recommendation about the environment provided for people living with dementia.

Staff felt well supported and had received training to help them perform their role.

People were supported to have nutritious food and to access health care professionals when they needed to.

Is the service caring?

Good

The service was caring. The interaction between staff and people living in the service was positive. Staff were able to show that they knew the people they cared for well.

People's privacy and dignity was respected as were their relationships with their relatives and friends.

Is the service responsive?

Good

The service was responsive. People, or their representatives, were included in planning care to meet individual needs.

People had activities they enjoyed and met their needs.

People were confident that they could raise any concerns with the staff and that they would be listened to.

Is the service well-led?

Requires Improvement

The service was not well led. There was no registered manager in post and management responsibility in the service had not been clearly organised.

The provider had not informed the Commission of events that happened in the service as they should, so that we could check that they had been managed well.

Summary of findings

Systems to check and improve the quality and safety of the service were not effective.	

Marcris 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 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 31 October 2014, and was unannounced. The inspection team included two inspectors.

We reviewed our previous report as well as safeguarding alerts and information received from the local authority. We checked and found that the provider had not sent us any notifications since the registered manager left the service in December 2013. Notifications are important events that the service has to let the CQC know about. We addressed this with the provider's representative during the inspection.

We contacted two health and social care professionals.

We spoke with 10 people living at the service and seven of their visiting relatives. As well as generally observing everyday life in the home during our visit, we used the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the manager, the provider's representative, the deputy manager, three care staff and the cook.

We reviewed four people's care records, two staff support records and audits completed as part of the quality monitoring of the service. We looked at the provider's statement of purpose and records relating to complaints, concerns and other events in the service.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living in the service. One person said, "I am very happy here and feel safe, everybody looks after everyone." When asked, visiting relatives told us they believed their relatives were safe in the service. One person said, "(Person) is safe here, they are good with letting us know everything."

Staff told us they had received training on safeguarding people from abuse and were aware of how abuse might occur in a care setting. Staff confirmed that they would report this immediately and knew how to do this. We reviewed with the manager safeguarding alerts that had been raised by the service and saw that these had been thoroughly investigated and dealt with. We saw that appropriate steps had been taken to keep people safe.

The service had a thorough recruitment procedure in place to safeguard people from the risk of harm. Staff recruitment records, including records for agency staff, showed that checks had been completed before staff started working in the service. This was to ensure that staff were of suitable character and competence to work with people who use the service.

People's individual risks had been identified and actions were in place to limit their impact. People's care plans included information about risks individual to them. We saw that where risk had been identified a care plan was in place to help staff to manage this safely. However, we looked around the service and identified some potential risks in the environment. The inside of the kitchen fridge was dirty and sticky. Kitchen cleaning records and those for testing of food temperatures had not been completed to ensure food safety.

We found that not all areas of the premises were well maintained to ensure a pleasant environment to safely meet the needs of all the people who used the service. There was ill-fitting bed linen in several bedrooms, a missing toilet seat in one person's en-suite, a broken under-bed drawer and in another room the curtains were coming away from the rail. We reported these issues to the manager and provider's representative who confirmed that they would be actioned without delay.

There were enough staff to meet people's needs safely. One person we spoke with said, "I feel safe here as everyone is here to help. There are enough staff here as I only have to ask for something and they don't make me wait." Staff were available in areas around the home, and so could respond quickly if people asked for, or needed, help. There were enough staff to give one-to-one support and attention if people needed this, for example, to walk around the home with a person where the person was distressed. People's needs were assessed and staff deployed according to the needs of each person, this was reviewed monthly. Staff told us that the staffing levels allowed them to meet people's needs. One staff member said, "There are enough staff on duty each shift to look after people safely." Another staff member told us, "We have lots of agency staff at the moment but staffing levels are good, we're just building a good team again."

People's medicines were safely stored. We saw that, before administering any medications, staff checked each person's medication against their records to ensure people received their medicines safely. One person who told us that they felt safe added, "They look after my medicines and that's fine by me, it saves me forgetting. They bring them when you have to take them and they watch and make sure you do take them." Staff told us, and records confirmed, that one person was prescribed a medicine to be taken 'as required' to help them when they became distressed. There was no written guidance for staff on exactly when to give this medicine so that the person received consistent responses, however staff were consistent in their approaches to this in discussion.

Requires Improvement

Is the service effective?

Our findings

The Care Quality Commission (CQC) monitors the operation of DoLS which applies to care homes. The manager and deputy manager had attended training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) provided by the local authority. We found that staff had a limited understanding of DoLS legislation and current guidance. No referrals had been made to the local authority in light of a recent Supreme Court ruling to ensure that any restrictions on people were lawful. Assessments had been made about some people's capacity where it was considered necessary by the manager.

While we saw that staff sought people's consent throughout the day such as before completing any tasks, or helping them to move from one place to another, the reasoning for other decisions made on people's behalf was not always clear. We found that one person was being given medicines without their knowledge or consent based on information provided from a previous care service. The reasoning staff at this service gave us for the covert medication differed from that used as the basis for the decision at the previous care service. Guidance had not been followed in relation to making a best interest decision. This showed that the provider had not followed the principles of the Mental Capacity Act 2005 (MCA) to protect people's rights and choices.

We found that the registered provider had not protected people against the risk of receiving care and treatment without the consent of the relevant person. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Limited adjustments had been made to the environment to better meet the needs of people with dementia associated needs, such as the use of colour or signs, to help people to identify toilets or their bedrooms more easily. This did not follow best practice and up to date guidance to support people with dementia to orientate themselves. This could mean that people living with dementia were not supported in an environment suited to their needs and that promoted their independence.

People were cared for by staff who felt supported in their role. Care staff told us about their induction training when they first started working in the service. This was to help staff to become familiar with the responsibilities of their role and to ensure that they had the training to do this well. They had shadowed other staff members to observe good practice and get to know people's needs. One staff member described this as, "Really good".

Staff confirmed that they had received the training they needed to help them to care for people well and safely, giving examples such as moving and handling, diabetes, hydration and dementia care. A staff member told us, "I feel I receive enough training to do my role." Staff told us that they received supervision and appraisal. The manager and staff told us that this had not been completed regularly while there had been no registered manager in post but that they still felt well supported.

People enjoyed the meals and drinks provided and were offered choices. One person said, "The food is nice, I always have a choice. I can have my coffee the way I like it and ask for smaller portions that suit me." People's individual nutritional and dietary requirements, such as in relation to diabetes, were assessed and monitored within their care records. Staff were aware of people's dietary needs and we saw that they encouraged and supported people to eat and drink well. People told us that their dietary needs were well supported. A visiting relative said, "They are well aware of what (relative) needs and give (relative) everything."

People's health care needs were monitored and they were referred to relevant healthcare professionals when their needs changed. A visiting relative told us, "They will tell us about everything and if (person) needs to see the GP or at the district nurse, staff contact them straight away." A health professional told us that staff had responded promptly having identified a change in the person's health. The health professional told us that staff had supported them with the visit to the person, and were able to provide clear information about the person, their needs and other issues relevant to the person's health and well-being.

We recommend that the provider finds out more about environmental adaptations based on current best practice, such as The Social Care Institute for Excellence Dementia Friendly Environments.

Good

Is the service caring?

Our findings

People told us that staff treated them in a kind and caring way. They describe staff as "Kind and caring." and “Lovely.” One person we spoke with about this said, "Kindness itself is the biggest gift, and if they can help they will." During the time we spent observing everyday life in the home, we saw that people were treated with kindness and spoken to with respect. Staff addressed everyone by their preferred name and looked at people when they spoke with them.

Staff engaged with people and offered them reassurance in a sensitive and caring way. Throughout the day, we saw that staff were available to sit and chat with people and to give them individual time and attention. Staff smiled at people who were unable to verbally communicate and held their hands as a way of making a link. They touched people's arms in an appropriate way or gently rubbed their backs. We saw through eye contact, facial expression and returned physical gestures that people responded positively to this. People were relaxed and comfortable with staff and there were many occasions during the day when people and staff were laughing together.

Staff showed a caring concern for people. One person, who ate independently, had not eaten their meal. A staff member chatted casually with the person, who had limited capacity to respond verbally, about the need to try to eat as they did not wish the person to become unwell. While the staff member did not receive a verbal response to their offer of an alternative meal, they brought another meal which they told us the person really liked, and the person ate all of this. Another person chose to go outside and walk around in the garden. Staff chatted with the person as they passed by a doorway or walked through the service. They checked with the person that they were warm enough and whether they needed additional clothing. The person was complimented on an item of clothing they were wearing, which staff later told us was important to the person. The person’s verbal and facial responses showed clearly that the compliment had made them feel good.

Information on how to access advocacy support was displayed in an easy to read format in an area of the service used by people living there and their visitors. Advocacy is an independent service that supports people to get the help and support that need, including for making decisions. The manager told us that no formal advocates were involved currently as all the people living in the home had the support of a relative or friend to act as their representative if they needed this. A relative told us that staff always involved them in their family member’s care planning as the person was unable to do this.

People's privacy, dignity and independence was respected and promoted. The manager told us that everyone who came to live in the service was offered a key to their own bedroom. Two of the people we spoke with confirmed that they had keys and could lock their own bedroom. Where a staff member supported a person with their meal, this was carried out with dignity and respect and at a pace that was comfortable for the person. Other people were encouraged to eat independently where they were able to do this.

One person called out to staff as they required support with their continence needs. Staff went to where the person was, spoke with them quietly, reassured them that there was no problem, and supported them with their request. Where people required a hoist to transfer from a wheelchair to a comfortable chair in the main lounge, staff placed a screen around them to maintain their dignity during the transfer. Staff chatted with the person throughout the procedure and we heard both the person and the staff members laughing and enjoying the conversation.

We saw a number of visitors in the service during the day. They arrived at times that suited them, and were welcomed by staff who clearly knew them and who they were visiting.

Good

Is the service responsive?

Our findings

People told us that the service was responsive to their needs. When asked about this one person said, “I love it here, everybody is wonderful.” Another person said, “Yes, absolutely. They look after all my needs.”

People’s care records were kept mostly on an electronic system. A plan of care was in place for each person and included information for staff on how to support people safely. Care was planned in a way that reflected people’s individual specific needs and preferences. Staff told us that they were also given updated information about people at the handover of each shift so they knew the right care to give to the person at that time. Staff, for example, knew that one person had been admitted to hospital during the previous shift and the reasons for this.

Staff knew the people they were caring for and responded to their individual needs. One person was distressed at times during the day. Staff spoke with the person in a calm and gentle way. They walked around the service with the person, which they knew would help the person, and stopped in areas where the person showed they felt more relaxed. We saw a person walk around the lounge and stand near the piano. Staff noticed this, moved a chair and encouraged the person to sit so that they could get close to the instrument. The person spent some time touching the piano and listening to the music.

People told us that suitable activities were available in the service. One visitor said, “There are always staff around talking to people.” Another person said, “They always ask me if I want to join in with anything that is going on.” People told us that a person came in once a month to do armchair exercises. One person told us that they enjoyed reading in their room as they preferred to be on their own. While there was limited access to community opportunities due to the rural location and lack of service transport, people who wished to go out were supported by their relatives.

People told us they would feel able to tell staff if they were unhappy about anything and would feel able to complain. One person said, “We are happy and have no complaints.” Another person said, “I have not had any concerns but if I had I would tell them and they would listen.” Pictorial information on how to make a complaint was displayed in an area used by people living in the service and visitors. A formal complaints procedure was in place. The manager showed us a record of a complaint they had received and responded to. We saw that this had been completed promptly and with sensitivity to the different family members who were involved.

Requires Improvement

Is the service well-led?

Our findings

The provider had not taken clear and timely steps to ensure effective leadership of the service. The service had not had an identified manager to direct the service since December 2013 and the current manager had only recently been formally appointed to the post.

People had not had opportunities to offer their views on the service. The manager told us that there had been no satisfaction surveys completed in the past year to gain the views of the people living there or their representatives about all aspects of the service. This meant the provider did not have current information on people's experience of the service or of any actions needed to improve it.

We had not been informed of incidents that were required to be reported to us. This included the deaths of people using the service and an incident of alleged abuse. This failing had not been identified by the provider as part of their overview monitoring of the service and meant that we were unable to see how the provider was responding to these areas of concern so that people received a safe service.

The provider's representative completed monthly visits to the service to check on its quality and safety. The report of their last visit showed that areas such as kitchen records, records relating to best interest decisions or protocols for 'as required' medicines had not been checked. We identified a number of maintenance issues that needed addressing in the service that had not been identified and actioned. This means that the provider's systems to assess, manage and monitor the quality of the service were not effective and had not picked up on issues we had identified at the inspection.

We found that the registered provider had not protected people against the risks of poor assessment and monitoring of the quality and safety of service provision. This was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff and people told us that the manager and deputy manager were available, approachable and supportive to them. One staff member said, "It is really good here. The manager is very good and approachable, I feel confident that I am listened to." People who used the service also found the manager to be available. One person said, "The manager is very good and approachable." Another person said, "The manager and deputy manager are caring and always around. It does not matter who you see, they are all great."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 11 HSCA (RA) Regulations 2014 Need for consent How the regulation was not being met: We found that the registered provider had not protected people against the risk of receiving care and treatment without the consent of the relevant person. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: We found that the registered provider had not protected people against the risks of poor assessment and monitoring of the quality and safety of service provision. This was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.