Marsden Healthcare Limited

# Marsden Heights Care Home

## Inspection report

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26 May 2017

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

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

# Summary of findings

## Overall summary

We carried out an unannounced inspection of Marsden Heights Care Home on 24, 25 and 26 May 2017. The first day of the inspection was unannounced.

Marsden Heights Care Home is a detached residence located in a semi-rural area on the outskirts of Brierfield. The service is registered to provide accommodation and care for up to 24 people. The service provides care for older people and older people with a dementia and does not provide nursing care.

The property is set in its own grounds, with far reaching views from the rear. There is a garden area and a small car parking space to the front of the property. The accommodation is mainly provided on one level and includes a lounge with 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. Further accommodation for up to four people is also provided in the lower floor flat. This has two bedrooms with en-suite shower rooms and a shared lounge/dining room with adjacent kitchen.

At the time of the inspection there were 21 people accommodated at the service.

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.

At the last inspection, on 22 and 23 January 2015 we found the service was meeting all the standards assessed.

During this inspection we found the provider was in breach of one regulation of the Health and Social Care Act (Regulated Activities) Regulations 2014. The breach related to a lack of robust recruitment procedures prior to staff working at the service. You can see what action we told the provider to take at the back of the full version of this report.

We have also made recommendations for improved practice in relation to medicine management and person centred care planning.

We found there were good management and leadership arrangements in place to support the day to day running of Marsden Heights.

People made positive comments about the caring attitude of staff. 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.

There were some good processes in place to manage and store people's medicines safely. We found some improvements were needed and most of these were put right during the inspection.

There were enough staff available to provide care and support and staffing arrangements were kept under review. There were systems in place to ensure all staff received regular training and supervision.

People told us they felt safe at the service. Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns about people's wellbeing and safety.

Arrangements were in place to promote the safety of the premises, this included maintenance, servicing and checking systems. However during the inspection we identified some areas were in need of attention.

People were happy with the accommodation at the service. We found some rooms had been upgraded and redecorated to provide for people's comfort and wellbeing.

We found the home to be clean in the areas we looked at. However we noted there were some odours in parts of the home. The registered manager agreed to take action to pursue and rectify these matters.

The service was working within the principles of the Mental Capacity Act 2005. During the inspection we observed staff involving people in routine decisions and consulting with them on their individual needs and preferences.

People's needs were being assessed and planned for before they moved into the service. People were supported with their healthcare needs and received appropriate medical attention. Changes in people's health and well-being were monitored and responded to.

People were happy with the variety and quality of the meals provided. We found various choices were available. Support was provided with specific diets. Drinks were readily accessible and regularly offered. We discussed with the registered manager ways of further enhancing people's mealtime experience.

There were opportunities for people to engage in a range of group and individual activities. Progress was ongoing to provide more meaningful activities and engagement.

People were keeping in contact with families and friends. We found visiting arrangements were flexible.

People spoken with had an awareness of the service's complaints procedure and processes. They said they would be confident in raising concerns.

Arrangements were in place to encourage people to express their views and be consulted about Marsden Heights Care Home, they had opportunities to give feedback on their experience of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe

Staff recruitment did not include all relevant checks for the protection of people who used the service. There were enough staff available to provide safe care and support. Staff knew how to report any concerns regarding possible abuse and were aware of the safeguarding procedures.

We found there were some safe processes in place to support people with their medicines. However, medicine management practices needed some improvement for people's well-being and safety.

Processes were in place to maintain a safe environment for people who used the service. However we found some safety matters required attention.

### Is the service effective?

**Good**

The service was effective.

People told us they enjoyed the meals and their preferred meal choices and dietary needs were known and catered for. People's health and wellbeing was monitored and they were supported to access healthcare services when necessary.

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

People were supported to make their own decisions. The service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

### Is the service caring?

**Good**

The service was caring

We found Marsden Heights Care Home had a friendly and welcoming atmosphere. People were supported to maintain contact with families and friends.

People were supported to be as independent as possible. Their dignity, individuality and personal privacy was respected.

People made positive comments about the caring attitude and friendliness of staff. We observed respectful, friendly and caring interactions between people using the service and staff.

## Is the service responsive?

**Requires Improvement**

The service was not always responsive

Each person had a care plan which included information about the care and support they needed. Care plans needed some improvement, to promote a more personalised and responsive approach to care planning and care delivery.

People were supported to take part in a range of individual and group activities. However progress was ongoing to provide more meaningful activities and engagement.

There were satisfactory processes in place to manage and respond to complaints, concerns and any general dissatisfaction with the service.

## Is the service well-led?

**Requires Improvement**

The service was not always well- led

People made positive comments about the management and leadership arrangements at the service.

There were processes in place to regularly monitor the quality of people's experience at the service. However we found that some of the checking and improving systems could be better.

# 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 24, 25 and 26 May 2017. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service, including notifications and previous inspection reports. A notification is information about important events which the service is required to send us by law. We reviewed information from the local authority contract monitoring and safeguarding team. We used all this information to decide which areas to focus on during the inspection.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection we spoke with six people who used the service and six relatives. We talked with two care assistants, the cook, deputy managers and the registered manager. We also spoke with a visiting community nurse.

We spent time with people, observing the care and support being delivered. We looked round the premises. We looked at a sample of records, including three care plans and other related documentation, three staff recruitment records, complaints records, meeting record's, policies and procedures and quality assurance records.

Requires Improvement

# Is the service safe?

## Our findings

The people we spoke with indicated they felt safe at the service. Their comments included, "I feel safe here, there is always somebody about," "They never shout or boss me about" and "I have not seen anything wrong." Relatives told us, "I have not seen anything of concern" and "I have never seen anything untoward, they are really good." There was information available to people on the service's notice board around protection matters, including leaflets on keeping safe and details of the local authorities safeguarding strategies.

We checked if the staff recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience. We looked at the recruitment records of two members of staff. The recruitment process included applicants completing a written application form and attending a face to face interview. Some of the required checks had been completed and recorded before staff worked at the service. We noted some good practice measures in place requiring existing staff to declare subsequent convictions and cautions.

However we found there was a lack of information to show all the required checks had been appropriately completed. Two written references had been obtained for each applicant. But we found a reference from a previous employer had not been pursued, which meant evidence of the staff members conduct in a previous registered care setting had not been obtained. We found where staff had declared information about previous cautions or convictions, records had not been kept to show these matters had been pursued and any potential risks to people who used the service identified and managed.

The checks included 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. We noted one DBS certificate related to work in a previous care organisation; another DBS check had not been applied for. This meant action had not been taken to verify the information was up to date. It also meant that an 'Adult First Check' had not been carried out to verify the staff member was not included on the barred list.

There was a recruitment procedure to support the process; however this was brief and did not provide clear directions on ensuring all the required checks were completed. It had not been updated to reflect current regulations and guidance. The application form requested the applicant's date of birth and some initial health screening; we therefore questioned whether this met the requirements of employment law legislation around potential discrimination.

The registered manager and provider took action to make improvements during the inspection. However we would expect all appropriate recruitment checks would be completed and recorded prior to staff commencing employment at the service.

The provider had not ensured robust recruitment procedures were carried prior to staff working at the service. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

We reviewed how the service managed staffing levels and the deployment of staff. People spoken with generally felt that there were adequate staff at the service. One person said, "There are plenty of staff around I can buzz for help they come straight away" and a relative commented, "There seems to be enough staff around when we visit." We looked at the staff rotas, which showed arrangements were in place to maintain consistent staffing levels. During the inspection we found there were sufficient staff on duty to meet people's needs. The registered manager, deputy managers and staff considered the staffing arrangements were ample. The registered manager said staffing reviews were carried out in response to people's changing needs and as part of the assessment process of any new people admitted to the service. There was no structure staffing tool available to help determine appropriate staffing levels and skill mix. However the registered manager said this was being developed and we received a copy of the completed 'staffing level guidance tool' following the inspection.

We looked at the way the service supported people with their medicines. People spoken with indicated they received their medicines appropriately and on time. One person told us, "They sort my medicines I didn't want to do them it's better for me that they do this." The service had a process in place to risk assess and plan for people choosing to self-administer their own medicines. We found people's involvement and preferences were kept under review and where appropriate there were signed consent agreements in place.

We checked the procedures and records for the storage, receipt, administration and disposal of medicines. The processes included staff having sight of repeat prescriptions for checking prior to them being sent to the pharmacist. This was to ensure all the required items were included on the prescriptions.

We looked at the arrangements for the safe storage of medicines. There was a monitored dosage system (MDS) for medicines. This is a storage device provided and packed by the pharmacy, which places medicines in separate compartments according to the time of day. We found medicines were being stored safely and securely. Room and fridge temperatures were monitored in order to maintain the appropriate storage conditions. Arrangements were in place for the safe management and storage of controlled drugs, which are medicines which may be at risk of misuse. We checked one person's controlled drugs and found they corresponded accurately with the register. We noted not all people had secure facilities in their bedrooms where medicines could be stored. The registered manager agreed to pursue this matter.

The medicines administration records (MAR) included a photograph of the person to assist with identification. The MAR provided clear information on the name and strength of the medicines and dosage instructions. The records we looked at were clear, up to dated and appropriately kept. We found there were specific protocols for the administration of medicines prescribed "as necessary" and "variable dose" medicines. The protocols are important to ensure staff were aware of the individual circumstances when this type of medicine needed to be administered or offered. We found some items did not have appropriate protocols in place. We also noted the MAR did not include any 'key codes' to clarify recorded entries, however the registered manager took action to rectify these matters during the inspection. Processes were in place for care staff to sign in confirmation of the application of people's external medicines, such as topical creams. There were recording charts with 'body map' diagrams for care staff to refer to and complete.

Staff had access to a range of medicines policies, procedures and nationally recognised guidance which were available for reference. Information leaflets were available for each of the prescribed items. Details of specific known allergies were also noted on each person's MAR.

There were no 'homely remedies' kept at the service, this meant people did not benefit from access to 'over the counter medicines' in a timely way. However the registered manager indicated this provision was to be reviewed. Records and discussion showed staff responsible for medicines management had received various levels of training. We looked at records which demonstrated staff had been appropriately competency assessed in undertaking this task. However we found the registered manager who administered medicines on occasion had not recently been assessed as competent. There were monthly audits of medicine management practices; action plans were devised to appropriately rectify any discrepancies. However our findings indicated some shortfalls which had not been identified.

We recommend processes for auditing medicine management practices are further developed to identify and rectify shortfalls in a timely way.

We looked at how the service protected people from abuse and the risk of abuse. Staff spoken with expressed a good understanding of safeguarding and protection matters. They were aware of the various signs and indicators of abuse. They were clear about what action they would take if they witnessed or suspected any abusive practice. Staff confirmed they had received training and guidance on safeguarding and protecting adults. We discussed and reviewed some of the previous safeguarding concerns with the registered manager. There were policies and procedures to support an appropriate approach to safeguarding and protecting people.

We looked at how risks to people's individual safety and well-being were assessed and managed. Individual risks had been identified in people's care records. The risk assessments included: dependency, skin integrity, malnutrition and risk of falls. Strategies had been drawn up to guide staff on how to monitor and respond to identified risks. The assessments were kept under review monthly or earlier if there was a change in the level of risk. Furthermore each identified area of need within the care planning process included a risk screening evaluation which helped to highlight and mitigate any potential risks. Staff spoken with were aware of the content of the risk assessments. One told us, "Risk assessments are reviewed monthly. We have to sign and date them to confirm our awareness and understanding."

We reviewed the processes in place to maintain a safe environment for people who used the service, visitors and staff. Records showed arrangements were in place to check, maintain and service fittings and equipment, including gas and electrical safety, water quality, fire extinguishers, hoists and the passenger lift. We found fire safety risk assessments were in place. Fire drills and fire equipment tests were being carried out. There were accident and fire safety procedures available. There were contingency arrangements to be followed in the event of emergencies and failures of utility services and equipment. Each person had a personal emergency evacuation plan (PEEP) in the event of emergency situations. Records were kept of any accidents and incidents that had taken place at the service, including falls. Processes were in place to monitor any accidents and incidents so the information could be analysed for any patterns or trends.

However when looked around the service we noted some matters in need of attention. We found two bathroom doors were fitted with unsuitable locks which would not enable safe access in the event of an emergency. There were no risk assessments in response to people having access to the equipment in kitchenette. In the lower floor flat, there were no radiator covers and risk assessments to minimize the risk associated with hot surfaces. We found the lounge door was fitted with an unsuitable lock, which could prevent access in an emergency and tiles were missing in one toilet. The registered manager commenced action to rectify these matters during our visit and following the inspection we received confirmation that improvements had been made. We were also advised by the provider that radiator covers were to be fitted. We will check progress in these matters at our next inspection.

We found the home to be clean in the areas we looked at. However we noted there were some odours in parts of the home. Relatives told us, "It seems clean, there are some odours, they have tried, but it can't be helped" and "It didn't smell at firsts, but it has got a bit smelly recently." One staff member said, "Maybe we have got used to it." However a visiting healthcare professional commented, "I have never noticed any smells." The registered manager had not detected any malodours either, but agreed to take action to pursue and rectify these matters.

Good

# Is the service effective?

## Our findings

The people we spoke with indicated satisfaction with the care and support they experienced at Marsden Heights Care Home. "They will do anything for you" "I like it here, it's all fine," "I would give it eight or nine out of ten at present." Relatives said, "Things are fine I am quite pleased with Marsden Heights" and "My [family member] is quite happy here." A community nurse told us, "It's really good, I have been visiting around five years."

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, "Dinner today was lovely," "The food is alight" and "They feed you well here, I never go to bed hungry."

Individual dietary needs, food likes and dislikes were included within the care planning process. One person explained, "They know about my food needs. I was asked about my food preferences." People's general dietary intake was monitored and their weight was checked at regular intervals. This helped staff to monitor risks of malnutrition and support people with their diet and food intake. Health care professionals, including GP's, speech and language therapists and dieticians were liaised with as necessary. Specific diets could be catered for, including fortified diets and pureed meals.

We looked at the four week rotating menus which had been devised to include people's known likes and preferences. There were two choices offered at each meal, including a choice of desserts. We observed people were asked for their preferences. The days' menu was on display in the dining room; this helped remind people of the choices on offer and gave them the opportunity to reconsider their selection. One person said, "There's a choice of two or three things. They bring something else if I don't like it and I can have whatever I want for breakfast." Mealtimes were flexible and we noted people could eat in their rooms if they preferred. Drinks were accessible and offered throughout the day. One person commented, "Drinks are available whenever we want them they offer and ask if we want one."

We observed the meals service at lunch time in the dining area. We noted the dining tables were pleasantly set with, serviettes, cutlery and condiments. We observed examples of people being sensitively supported and encouraged by staff with their meals. Various choices were offered and responded to. People's satisfaction with their meal was sought and further portions offered. The meals looked plentiful and well presented. Where appropriate, people were offered assistance and suitable equipment was available to help promote independence. We discussed with the registered manager ways of monitoring and developing the catering service, to further enhance people's mealtime experience.

During the inspection, we observed staff consulting with people on their individual needs and involving them in routine decisions. One staff member told us, "We always give people choices and ask their preferences, it's their right." Although people spoken with were not always aware of their care plan, they indicted they were asked about matters affecting them, including their care needs and choices. We noted there were examples where people had signed in agreement with care plans which upheld their consent to care. Two relatives explained that they had been involved with the care planning process and had signed in

agreement with it on behalf of their relative. The registered manager also told us, all the people at the service had with written contracts, outlining the terms and conditions of residence and agreements around care delivery. One person said, "Oh yes, I signed some papers when I moved in."

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 the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met. We saw there were processes in place to assess and monitor people's capacity to make specific decisions. There was information to demonstrate appropriate action had been taken as necessary, to apply for DoLS authorisations by local authorities in accordance with the MCA code of practice. Records had been kept to monitor and review the progress of pending applications.

Records and discussions showed that staff had received training on this topic. Staff spoken with indicated an awareness of the MCA and DoLS, including their role to uphold people's rights and monitor their capacity to make their own decisions. The service had policies and procedures which aimed to underpin an appropriate response to the MCA 2005 and DoLS.

We looked at how people were supported with their healthcare needs. People's medical histories and current health conditions were noted in their care records. One relative told us, "They had researched [my family member's] condition which I thought was impressive." People's healthcare needs were monitored daily and considered as part of ongoing reviews. Records were kept of healthcare visits and appointments. This included GPs, community nurses, speech and language therapist and podiatrists. One person described how they had been effectively supported to register with a local GP and attend hospital for medical attention. The service was signed up to a system whereby they could access remote clinical consultations; this meant staff could access prompt professional advice at any time. The service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. A community nurse told us, "The home has always been easy to deal with; there are minimal skin tears and pressure sores. They always keep in touch and follow instructions."

We looked at how the service developed and supported their staff. One person told us, "They all seem to know what they are doing" and a relative said, "They seem to have the right skills." Arrangements were in place for new staff to complete an initial two day orientation induction training programme, this included an introduction to the service and ensuring staff were made aware of the various policies, procedures and staff had book. The induction training also included the completion of The Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers are expected to adhere to in their daily working life. The registered manager explained that herself and existing staff had also completed The Care Certificate induction to update their knowledge and skills.

Staff spoken with told us about the training they had received. They confirmed that there was an ongoing programme of staff development at the service. This included: infection prevention and control, food

hygiene and nutrition, moving and handling, health and safety, fire safety, MCA and DoLS, dementia care and equality and diversity. We looked at records which showed processes were in place to identify and plan for the delivery of suitable training. There were also well organised and up to date individual staff development files, which included certificates of attainment.
The service supported staff as appropriate, to attain recognised qualifications in health and social care. All carers had a Level 2 or level 3, National Vocational Qualification (NVQ) or were signed up for/working towards a Diploma in Health and Social Care. The two deputy managers had commenced the Qualification and Credit Framework (QCF) diploma level 5 in leadership and management.

Staff spoken with indicated they had received one to one supervisions with a member of the management team. This provided the opportunity to discuss their role and responsibilities in providing support for people who used the service. We saw records of supervisions held and noted plans were in place to schedule future supervision meetings. Processes were in place for staff to receive an annual appraisal of their work performance; this included a self-evaluation of their skills, abilities and development needs.

People spoken with were satisfied with the accommodation and facilities available at Marsden Heights Care Home. There were adaptations and equipment to provide assistance with mobility needs. We found people had been encouraged and supported to personalise their rooms with their own belongings. This had helped to create a sense of 'home' and ownership. There was scope within the care planning process to consider and respond to people's individual environmental needs and preferences.

The main lounge and dining area to the rear of the property offered reaching views. The lounge had been recently decorated and there were stylish photographs of movie icons and recording artists for people to relate to and provide topics for discussion. Consideration had been given to providing a suitable living environment for people living with a dementia, including signage and colour schemes to help with orientation. The quite lounge/visitors room had been refurbished to offer scope for reminiscence and included items of nostalgia to help encourage discussion and stimulate engagement. The enclosed veranda had also been enhanced with garden ornaments to provide a more attractive sitting area for people.

Good

# Is the service caring?

## Our findings

We found Marsden Heights Care Home had a friendly and welcoming atmosphere. We observed staff engaging and interacting with people in a warm and friendly manner. People spoken with said, "The staff are lovely," "The staff are smashing" and "Staff here are alright." Relatives spoken with said, "They are caring, genuine staff always chatty they always take an interest," "They are very obliging, they keep in touch" and "They are all friendly." A community nurse told us, "I feel it's homely. The staff are really friendly and caring here."

We observed examples of staff showing kindness and respect when they supported people with their individual care and daily living needs. For example, we saw people who needed personal support received this is a dignified and respectful way; they were approached by staff in a discreet manner and it was apparent staff aimed to preserve the dignity of the person. People spoken with said, "They have been super helping with personal care," "They have a lot of patience" and "They are very kind to me." A relative said, "I find them very respectful."

Staff spoken with gave examples of how they treated people with dignity and as individuals. They expressed an awareness of people's individual needs, routines, backgrounds and personalities. They told us that people's care records provided information about people, their background history, interests, likes and dislikes. There was a 'keyworker' system in place. This linked people using the service and their family to a named staff member to provide a more personalised service. We looked at people's care records which included 'all about me profiles,' providing details on their background histories, lifestyles, interests and relationships. People had either provided this information themselves or with the support of families. One relative commented, "They have asked about [my family members] background they seem to know more about her than I do."

People's privacy was respected. Some people chose to spend time alone in their room and this choice was respected by the staff. One person said, "I can go to my room whenever I want" People's bedroom doors were fitted with suitable locks to help promote privacy of personal space. Staff described how they upheld people's privacy, by sensitively supporting people with their personal care needs and maintaining confidentiality of information. We observed staff knocking on people's bedroom doors and waiting for a reply before entering. Another person told us, "They always knock on the door." During the inspection we observed a visiting chiropodist providing a service to people in the communal lounge, which did not promote privacy and dignity. The register manager agreed to take action to prevent this re-occurring.

We observed people being as independent as possible, in accordance with their needs, abilities and preferences. One person spoken with described how they were able and supported, to do things for themselves and others. Staff explained how they promoted independence, by enabling people to do things for themselves. They said, "We try to promote independence, we let people do things for themselves and make their own choices" and "We get to know people and do what they want as much as possible." We observed that people were encouraged to express their views and opinions during daily conversations. Residents meetings were held; this provided the opportunity for people to make suggestions, be consulted

and make shared decisions. Records kept of meetings showed various matters had been raised and discussed with people. We discussed with the registered manager further ways of encouraging group discussions with people.

Records we reviewed included an 'advanced decisions' section; this contained information about the care and support people wished to receive at the end of their life. Some staff had completed training in end of life care to help ensure they were able to provide the best care possible at this important time.

There were no restrictions placed on visiting, relatives and friends were made welcome at the service. We observed relatives visiting throughout the days of our inspection and noted they were treated in a friendly and respectful way. The service had policies and procedures to underpin a caring ethos, including around the promotion of privacy, dignity, choice and equality and diversity.

There were notice boards and displays at the service which provided information about forthcoming events, activities, meetings, the complaints procedure and other useful information. Details of local advocacy services were available. Advocates are independent from the service and provide people with support to enable them to make informed decisions. We noted the service's CQC rating was on display in the entranceway and this had also been uploaded to the provider's internet website. A copy of the previous inspection report was also on display at the service. This was to inform people of the outcome of the last inspection.

There was a guide to Marsden Heights Care Home. This provided people with detailed information about the services and facilities available, including: the admissions process, philosophy of care, resident's rights, visiting arrangements and the complaints procedures.

Requires Improvement

# Is the service responsive?

## Our findings

People spoken with indicated the service was responsive to their needs and preferences and they appreciated the support provided by staff. One relative explained how staff provided support in responds to their family member's behaviours, saying "The support and care has been good. They do try different ways." Another relative said, "I can't speak highly enough of them the care given has been amazing. They are onto things straight away." A community nurse commented, "They are good with people living with dementia. They know people inside out you can tell they care about them."

We reviewed how the service provided personalised care. We looked at the way the service assessed and planned for people's needs, choices and abilities. The registered manager described the processes in place to assess people's needs and abilities before they used the service. The assessment involved gathering information from the person and other sources, such as families, social workers and health care professionals. We discussed with one person their assessment prior to using the service. They confirmed that they had their needs and choices assessed prior to moving into the service. They told us, "The manager came to visit me for the assessment and asked lots of questions." A relative said, "The manager went to visit [my family member] for the assessment and things were explained to us." We reviewed the assessment information and found a wide range of needs and preferences had been considered.

Where possible people were encouraged to visit Marsden Heights Care Home to experience the service, see the facilities available and meet with other people and staff. This would assist with the assessment process and help people to become familiar with the service before making a decision to move in. We were told some people had experienced the service by staying on a short term basis or attending for day care.

Each person had an individual care plan. The care plans we reviewed were well organised and were divided into sections in response to identified needs and preferences. The care plans were underpinned by a series of risk assessments and included instructions for staff on meeting and responding to people's needs. There was personalised information about people's preferred routines, likes and dislikes. Some people spoken with were aware of their care plan and confirmed they had been discussed and agreed with them. Relatives spoken with indicated an awareness of their family members care plans. They said they were kept informed of their relatives care and well-being. One relative said, "They contact me to let me know about things."

Staff indicated an awareness of the content of people's care plans. They confirmed they had ongoing access to them throughout the day. We found the care plans were less accessible during the night. We were told this was to promote confidentiality and security of information. However, during the inspection the registered manager proactively took action to ensure all the relevant information was more readily available and safely stored. We saw the care plans had been reviewed and updated on a monthly basis or more frequently, in response to people's changing needs. Records were kept of people's daily progress, their general well-being and the care and support provided to them. There were also additional monitoring records as appropriate, for example relating to, safety checks and specific health care needs. We noted some monitoring records were maintained on a 'group basis' as opposed to individual to the person. The registered manager took action to rectify this matter during the inspection.

The registered manager had recently introduced an assessment tool, to identify risks associated with people's individual behaviours. We noted responding to such behaviours was integral within the care planning process. However we would expect behavioural risk assessments to result in a specific care plan to highlight and to provide direction for staff on responding to these identified needs. Similarly the care plans made general reference to people's social needs and interests, emotional well-being and religious needs. But there was a lack of specific detail around responding to these needs in a person centred way. Following the inspection we received information from the registered manager indicating that action was being taken to address these matters. We will check for progress in this at our next inspection.

People indicated some satisfaction with the range of activities provided at Marsden Heights Care Home. Arrangements were in place to offer an activity each afternoon; this task was allocated to a member of staff each day. This included: hand massage, manicures, balloon games, sing- a-longs and movie days. There were also occasional visiting entertainers and church services. There were photographs available of people taking part of activities and events. During the inspection we observed staff spent time chatting with people and some people were supported to go for short walks. We noted the provision of activities had been audited in May 2017. This concluded that residents don't always want to participate in activities and therefore an action plan had been devised, which stated staff were to encourage various alternatives. We noted from residents meetings and staff meeting records that the provision of activities was under continual review.
There were good systems in place to show people had been offered activities on a regular basis. However, it was not clear if the activities offered were in response to their individual needs, preferences, interests, and abilities. We discussed the provision of more meaningful activities and engagement with the registered manager and staff during the inspection. It is expected that the development of individual person centred care plans will result in an appropriate response to meaningful activities, stimulation and engagement.

We recommend that the service continues to develop and introduce a person centred approach when planning, delivering, monitoring and reviewing people's care.

We looked at how the service managed complaints. People we spoke with indicated they would feel confident if they had concerns or wished to make a complaint. One person told us, "If I had any complaints I would go to the manager." Relatives said, "I would definitely feel confident in in making a complaint. I have been given all the information," "I would go to see the manager if I had a complaint. I think she would sort it out" and "I once had a minor complaint but it got sorted." There was a 'suggestion box' in the hallway, where they people could leave comments anonymously if they preferred.

The complaints procedure was in the guide to the service, it was also on display in the service. The procedure provided directions on making a complaint and how the process would be managed, including timescales for responses. The contact details of the provider and other agencies that may provide support with raising concerns were stated. We noted the information did not include the current contact details for the local authority; however the registered manger agreed to amend this.

The service had policies and procedures for dealing with any complaints or concerns. This made reference to responding to and managing formal and informal complaints. Staff spoken with expressed an understanding of their role in supporting people to make complaints and described how they would respond should anyone raise concerns or dissatisfaction with the service.

The registered manager told us there had not been any recent informal or formal complaints at the service. We reviewed the records of the last formal complaint which had been anonymous. The response to the complaint provided an indication that the matters raised had been taken seriously and responded to.

However some of the complaints records, including the actions taken to investigate matters were not readily available for us to review. However the registered manager provided us with additional information during the inspection to demonstrate the action taken to investigate the issues raised. We discussed with the registered manager the significance of ensuring appropriate complaints records are maintained, to show how concerns are investigated managed and responded to.

Requires Improvement

# Is the service well-led?

## Our findings

People spoken with had an awareness of the overall management arrangements at the service they knew who the registered manager was. One person told us, "The manager is alright she calls in to see me." Throughout the inspection we observed people who used the service, relatives, visitors and staff regularly approach the registered manager who responded to them in a professional and courteous manner. One relative commented, "The registered manager is fine, she has been responsive and takes an interest. Definitely approachable." Comments from staff included, "The manager is very good," "The manager is very approachable and will help out if needed" and "The overall management is much better now."

There was a management team in place which included the registered manager, two deputy managers and senior carers. The staff rota had been devised to ensure there was always a senior member of staff on duty to provide leadership and direction. Arrangements were in place for staff to be assigned designated responsibilities on each shift. Some staff also had been given 'lead roles' on specific work themes, such as safeguarding, dignity and activities. The registered manager described her leadership and management approach and confirmed her professional development was ongoing. She also indicated the service received good support, advice and guidance for the provider. The registered manager was proactive in her response to the inspection process and we found there were good well organised administrative processes in place.

Staff spoken with expressed a good working knowledge of their role and responsibilities. They had been provided with job descriptions, contracts of employment and a staff handbook which outlined their roles and responsibilities. They had access to the service's policies and procedures. Staff confirmed discussion meetings were being held. We looked at the minutes of the last staff meeting and noted various work practice topics had been raised and discussed. Staff spoken with were enthusiastic and positive about their work. One told us, "Things are fine. Team work is really good at the moment." We found the registered manager had an 'open door' policy that supported ongoing communication, discussion and openness. Staff told us they were aware of the service's 'whistle blowing' (reporting poor practice) policy and expressed confidence in reporting any concerns. The service had received Investor in People Award (IIP) on 23rd November 2015. IIP is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in employee support and development.

There were systems in place to monitor the quality of the service. This included a system of daily, weekly and monthly audits and checks. The providers carried out visits to the service and their findings were shared with the registered manager. One member of staff said, "The owners visit every month, they always have a chat with people." Audits were in place to monitor areas such as, medicine management, accidents, care plans, staff training, health and safety, activities and the control and prevention of infection. We noted examples where shortfalls had been identified, addressed and kept under review as part of an action plan. However, we found we found shortfalls in the recruitment procedures for the protection and safety of people who used the service. We also found some improvements were needed with planning and delivering person centred care, medicine management and health and safety. Some of these matters were proactively responded to during the inspection process. But we would expect such shortfalls and issues for

development to be identified and addressed without our intervention. Following the inspection we were advised by the provider that further auditing systems had been introduce and there were business and development plans for the service. We will check progress in these matters at our next inspection.

The service encouraged regular feedback from people. At the time of the inspection we noted satisfaction/consultation surveys were in the process of being issued. There were various residents/relatives meetings held and there was a suggestion box and available for comments and suggestions. One relative told us, "When we have made suggestions for improvement, it was all done." A consultation survey with people who used the service, relatives and staff had been carried out in 2016. The results had been collated, reviewed and displayed on the notice board. We looked at the results of the residents and relatives surveys and found responses were mostly positive. We also noted there were numerous cards of appreciation and thanks, for the care and attention people had experienced at Marsden Heights Care Home.

We noted staff surveys included suggestions for improvements in the environment, also more suitable activities and outings for the residents. The registered manager told us of the action taken in response to these matters. However there was no overall analysis and evaluation of the service in response to the findings of audit systems, consultation processes and potential changes in the care industry. Furthermore, there were no strategic action/business plans to provide vision and direction on the ongoing development of the service.

Procedures were in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as, commissioners of service and the local authority safeguarding and deprivation of liberty teams. Our records showed that the registered manager had appropriately submitted notifications to CQC about incidents that affected people who used services.

This section is primarily information for the provider

# Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>The provider had failed to operate robust recruitment procedures to ensure applicants were of good character and had the necessary skills and qualifications. (Regulation 19 (1)(2)(3)) |