Mrs R Ghai

Marlyn House

Inspection report

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Tel: 01543504009

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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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Marlyn House provides accommodation and or personal care for up to 18 people, some of whom maybe living with dementia. On the day of our inspection 17 people were living in the home.

There was a registered manager at the home. 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.

The deployment of staff needed to be improved to ensure people were always supported to have a positive mealtime experience. Further improvements were needed to ensure people's medicines were consistently managed in a safe way. Action was still needed to the systems used to assess and monitor the quality and safety of the service, to ensure shortfalls were consistently identified to bring about the required changes.

Staff sought people's consent before providing care and supported people to make choices over their daily routine. However, the registered manager and staff did not always follow the legal requirements to ensure people's rights were protected when they lacked the capacity to make their own decisions. The provider had failed to act on concerns raised at the last inspection. The registered manager had not understood their responsibility to identify people at risk of having their liberty restricted to ensure this could be assessed and legally approved. People were offered opportunities to engage in group social activities but were not always encouraged to follow their individual interests to maintain their wellbeing.

People felt safe living at the home and their relatives were confident they were well cared for. If they had any concerns, they felt able to raise them with the staff and registered manager. Risks to people's health and wellbeing were assessed and managed and staff understood their responsibilities to protect people from the risk of abuse. The provider followed recruitment procedures to ensure staff were suitable to work in a caring environment. Staff received training and support to meet people's needs.

Staff knew people well and encouraged them to have choice over how they spent their day. Staff had caring relationships with people. Staff promoted people's privacy and dignity and encouraged them to maintain their independence. People were able to access the support of other health professionals to maintain their day to day health needs. People's care was regularly reviewed to ensure it continued to meet their needs.

People were happy with the care they received and regular reviews were carried out to ensure it remained relevant. People were supported to maintain important relationships with friends and family and staff kept them informed of any changes.

There was a positive, inclusive atmosphere at the home. People and their relatives were asked for their views on how the service could be improved. Staff felt supported by the registered manager and were

encouraged to give their views on the service to improve people's experience of care.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 consistently safe.

The provider had increased staffing levels but further improvements were needed to ensure staff were deployed to meet people's needs at all times. Improvements were needed to ensure medicines were consistently managed in a safe way. Risks associated with people's care were identified and managed. Staff understood their responsibilities to protect people from the risk of abuse and the provider followed recruitment procedures to ensure staff were suitable to work with people.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's rights were not always protected because staff did not always understand their responsibilities relating to the Mental Capacity Act 2005. The registered manager had failed to identify people at risk of having their liberty restricted. People enjoyed their meals but a lack of staff meant that people did not always have the encouragement and support they needed. Staff received training and support to meet people's needs. People accessed the support of other health professionals when needed.

Is the service caring?

Good

The service was caring.

Staff had caring relationships with people and respected their privacy and dignity. People had choice over their daily routine and staff encouraged them to remain as independent as possible. People were supported to maintain important relationships with family and friends. Relatives felt involved with their relation's care and were kept informed of any changes.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were offered opportunities to engage in group social

activities but were not always encouraged to follow their individual interests to maintain their wellbeing. People were happy with the care they received and regular reviews were carried out to ensure it remained relevant. People felt able to raise concerns and complaints and were confident they would be acted on.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider had not made the required improvements to their quality monitoring systems to ensure all areas were being assessed and monitored to consistently identify shortfalls and drive improvement. There was a positive, inclusive atmosphere at the service and people were encouraged to give their views on how things could be improved. Staff felt supported and valued by the manager.

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 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 6 March 2017 and was unannounced. The inspection was carried out by one inspector.

We reviewed information we held about the service and the provider including notifications they had sent to us about significant events at the home. We also spoke with commissioners who are responsible for arranging services on behalf of people. On this occasion, we had not asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant with us

We spoke with six people who used the service and a relative, and with three other relatives by telephone. We also spoke with four members of the care staff, the chef, the registered manager and the provider. We also spoke with a visiting health professional. We spent time observing care in the communal areas to see how the staff interacted with the people who used the service and looked at three people's care records to see how their care and treatment was planned and delivered. We also looked at records relating to the management of the service, including staff recruitment and training records.

Requires Improvement

Is the service safe?

Our findings

At the last inspection, the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because there were insufficient staff to meet people's needs at all times. At this inspection, we found some improvements had been made but further action was still needed. We found that staffing levels had been increased to provide additional support during the afternoon and early evening shifts. Staff told us things were better since staffing levels had been increased. One member of staff said, "We have another member of staff coming in and there are more staff on the floor". People told us the staff usually responded quickly when they pressed their buzzer in their bedroom. We saw that staff responded when people asked for assistance when they were in the communal lounge. However, at lunchtime we found there were still concerns with the deployment of staff. A relative told us, "The only time there is an issue is at lunchtime, the staff run around dishing up, cleaning up and it gets a bit frantic; they could do with another member of staff". We saw that one member of staff supported two people to eat their meal in their bedroom and one member of staff moved between the two dining rooms. Some people required support and encouragement to eat and drink sufficient amounts to maintain good health. We saw that the member of staff had to keep alternating between the two dining rooms which meant they had little time to spend with people and meant their support was rushed. Rosters showed that an additional member of staff came on duty in the afternoon but this was not until 1:30, when the lunchtime meal was almost finished. The registered manager told us they were monitoring staffing levels by carrying out observations to ensure they were sufficient. However, we saw no evidence to demonstrate they had considered people's dependency levels to ensure there were sufficient staffing levels to meet people's needs at all times.

At the last inspection, we asked the provider to make improvements to ensure people's medicines were stored and managed safely. At this inspection we saw that topical creams and lotions were locked away in the office to ensure people could not access them and all other medicines were stored correctly. However, we found that the provider had not made the required improvements for people who were prescribed medicines on an 'as required' basis, for example for pain relief. This information, known as a PRN protocol, should be available to guide care staff on when the medicine was needed. In addition, we found that the provider did not have a suitable system to ensure people's medicines were reviewed regularly, for example one person had declined a medicine to relieve the symptoms of heartburn and records showed it had not been administered for more than four weeks. Staff and the registered manager told us the person had not needed the medicine but they had not arranged for this to be reviewed by their person's GP. We found that the provider's medicine policy needed to be updated to include the procedures for managing 'when required' medicines and to ensure medicine reviews where aligned with people's care and treatment plans. The registered manager told us they would address these issues immediately and showed us a template they planned to introduce for a PRN protocol. They also confirmed that they had contacted the person's GP to confirm that the medicine was no longer required.

People told us they felt safe living at the home and were well cared for by the staff. One person said, "It's home from home here". Another said, "I feel safe here; I used to fall a lot at home before I came here. A relative told us, "I have no concerns at all about [Name of person]. They enjoy the company of others and

there's always somebody here at night to assist". Staff understood their responsibilities to protect people from the risk of abuse. They recognised the different types of abuse, knew how to report any concerns and were confident they would be taken seriously by the registered manager. One member of staff told us, "If I noticed anything, I'd report my concerns to the senior or the manager. We record things as an incident and it's taken very seriously". Staff were aware of the whistleblowing policy and were confident they would be supported if they had any concerns about poor staff practice. One member of staff said, "I've never had any concerns but I wouldn't keep quiet if I did. We have a duty of care to people". The registered manager understood their responsibility to report any concerns to the local safeguarding team and ourselves to ensure they would be investigated.

Risks associated with people's care had been assessed and guidance was in place to support staff to minimise any identified risks. We saw people were supported to move safely in accordance with their documented requirements, for example staff ensured people used their walking frame. Staff told us how they cared for people and how any risks were managed. For example, staff told us how they followed safe moving and handling procedures when they supported people who were cared for in bed and we saw this was documented in their care plans. We saw that risk assessments were updated on a monthly basis or when people's needs changed to ensure their care continued to meet their needs.

Staff told us and records confirmed that the provider carried out recruitment checks which included requesting and checking references and carrying out checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. This meant the provider followed procedures to ensure staff were suitable to work in a caring environment.

Requires Improvement

Is the service effective?

Our findings

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

We found that the provider was not consistently following the requirements of the MCA. We saw, that some people's care plans did not always contain clear information relating to their capacity to consent to their care. For example one person's records stated that their capacity to retain information meant they would have difficulty making some decisions. However, there were no assessments to determine the person's level of capacity dependent on the decision that needed to be made. Although there was no evidence that decisions had been made on behalf of these people, we could not be sure that their rights were being upheld.

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 hospital care called the Deprivation of Liberty Safeguards (DoLS). At the last inspection, the registered manager was not aware what action they needed to take to protect people from the risk of having their liberty deprived if they lacked the mental capacity to consent to care. At this inspection, the registered manager told us they were liaising with a person's social worker because it had been identified that they may be being deprived of their liberty and an application would be made for the legal authorisation. The registered manager told us that some people lacked the capacity to consent to their care and would not be safe to leave the home without supervision. However, they had not considered that these people may be being deprived of their liberty and made the relevant requests for an assessment in relation to a DoLS.

Staff we spoke with told us they had received training in MCA and DoLS but were not aware of how people could potentially be deprived of their liberty because they could not leave the home unsupervised. This put people at risk of being unlawfully restricted.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When people had capacity they told us the staff asked for their consent before providing support. People told us and we saw that people were offered choice over their meals and drinks. A relative told us they were invited to be involved to support their relation with decisions about their care. They said, "I help give some more explanation and clarification so that [Name of person] can make their own decisions". This showed the staff understood the importance of gaining consent.

People told us they enjoyed the food at the home and were offered choices that met their preferences.

However, we saw that the low staffing levels at lunchtime meant that people were not always supported to have a sociable mealtime experience. People in the main dining room ate independently and chatted to each other, whilst in the dining area off the communal lounge, two people required support and encouragement with meals and drinks. As there was only one member of staff available to support people in two dining rooms, we saw they did not have the time to spend with these people and their support was rushed and conversation with them was limited.

People's nutritional needs had been assessed and where needed specialist advice had been sought and we saw staff followed this. Staff told us how people were supported, for example, one person required a soft diet and support to at their meal in their bedroom and we saw this was followed in line with their documented needs. We also saw staff encouraging people to finish their drinks when they were sitting in the communal lounge. One member of staff told us, "We have to keep on at some people otherwise they wouldn't get enough to drink to keep well". We saw that people's weights were monitored and we saw that people were prescribed supplements by the GP when concerns had been raised. However, the registered manager did not have a suitable system in place to identify and monitor any weight loss or gains to ensure people would be referred to the GP when needed. For example, we found that one person had lost just over two kilos during the previous month but this had not been referred to the GP. We discussed our concerns with the registered manager who made an immediate referral to the GP.

People were supported to access other health professionals when needed. One person told us they saw a specialist nurse regularly and we heard a member of staff reminding another person about their dental appointment. We saw staff had sought advice and support for people from health care professionals. The outcomes of these visits were recorded and reflected within the care records which meant staff had clear information on how to meet people's ongoing health care needs. We saw that people received care from visiting professionals such as the district nurse staff when needed. One visiting professional told us, "The staff always follow our advice and ring us if they are worried about anything".

Although we have identified concerns with the effectiveness of training in MCA and DoLS, we found there were arrangements in place to ensure staff had the skills and knowledge to meet people's care needs. Staff told us and records confirmed they had received induction training when they first started working at the home. This included shadowing other staff and completing a range of training in areas that were relevant to the needs of people living in the home. Staff told us and records confirmed this was updated as needed and staff told us they had their competence checked in areas such as safe moving and handling to ensure they supported people safely. We saw the registered manager was introducing a system to monitor training to ensure staff received regular updates which would keep their knowledge and skills up to date. Some staff told us they were completing the nationally recognised Care Certificate, which is a set of standards that supports staff to develop the skills and knowledge needed to work in a health and social care setting. The registered manager told us they were supporting staff to complete this as an opportunity to refresh their skills and any new staff would be required to complete it when they started working at the home.

Staff told us they received an annual performance appraisal and had the opportunity to meet with the registered manager to discuss any concerns when needed. One member of staff told us, "We don't always have set appointments but we can go to the manager at any time, she's easy to talk to". The registered manager told us they would be setting up regular meetings with staff up to four times a year to review their performance and agree any training needs. We saw the registered manager asked staff to complete a self-assessment of their performance prior to meeting with them and this was discussed and an action plan developed to address any concerns or training needs.

Good

Is the service caring?

Our findings

People told us they liked living at the home and were well cared for by the staff. One person said, "I don't have any problems, the staff are all good to me". Another said, "The staff would do anything for you". Relatives we spoke with told us the staff were kind and caring and knew their relations well. One said, "Staff are very attentive and have a good rapport with [Name of person]. Another said, "Staff understand [Name of person] and have got used to their ways". Staff treated people with kindness and compassion when they became anxious or upset. We saw staff spent time reassuring people and did not leave them until they had become calm again. This showed staff cared about people's wellbeing.

Staff respected people's privacy and promoted their dignity when supporting them with personal care. Staff took people to their bedrooms and we saw they closed the door of the bathroom and waited outside until the person called out that they were ready to come out. One person told us, "Staff always knock on my bedroom door and wait until they are invited in". Another said, "I've always felt my privacy is respected, everything is very confidential here".

People told us they made choices about their daily routine. One said, "I go to bed and get up when I like, I'm quite comfortable". Another person said, "I like to get up early, I always used to get up at 6am when I was working and it's no different here". A relative told us the staff respected their relation's routine, "If [Name of person] wants a 'duvet day', the staff are fine with that". We saw staff were patient and encouraged people to walk using their frames to maintain their independence. One person told us, "I can do most things for myself but the staff are always there to assist if needed".

People told us their friends and relatives could visit at any time. One person told us, "My family can visit anytime and staff bring me the phone so I can speak with them if they aren't able to visit". Relatives told us they were made welcome at the home and felt involved with their relation's care and support. One told us, "The staff keep me informed of any changes. I'm on first name terms with most of them and they give me feedback on how [Name of person] has been". This showed people were supported to remain in touch with people that were important to them.

Requires Improvement

Is the service responsive?

Our findings

We received mixed views about the activities on offer at the home. One person said, "There's no set pattern here, we do different things such as playing I-spy or having a game of dominoes. I like to take part in anything that's going on. Another person told us they would like more activities, "It can be a long day and we spend a lot of time just sitting here and I'd like to get my legs going and walk about a bit more". A relative told us, "[Name of person] is bored out of their skull. They used to like being in the garden but they can't get out and about now". We saw that people were offered opportunities to join in group social activities, for example on the afternoon of our inspection an entertainer visited and we saw people joined in the singing and dressing up. However, although some people read a book or knitted, we observed that most people spent the majority of the morning sitting in the communal lounge with no stimulation. We saw that interaction with staff was limited to the administration of medicines and offering drinks. The registered manager told us they discussed activities at resident's meetings and planned events accordingly but these focussed on group rather than individual activities. However, they did not discuss people's individual preferences for hobbies and interests. This meant people were not always encouraged to follow their individual interests to ensure they maintained their wellbeing and avoid social isolation.

People were happy with their care and support and told us it met their individual needs. One person said, "I'm happy with my own company and I can sit here and lose myself in my book". Another told us, "Staff know my routine and stick to it". Relatives we spoke with told us they had seen improvements in their relation's health since they had moved into the home. One relative said, "[Name] used to struggle with their health needs but has come on leaps and bounds here, having regular meals and their medicines on time and lots of company. I've seen a massive improvement since they came here; it's been the best thing for them". Another told us, "Staff have a good sense of humour which works well with [Name of person]. Everything is working well for [Name of person] and for me". People's needs were assessed prior to them coming to live at the home and their care was kept under review to ensure it continued to be relevant for them. Relatives told us staff kept them informed of any changes. One relative said, "[Name of person] makes decisions about their care but I'm involved with any reviews or changes so I can support them". We saw staff recorded information about how people were and any concerns staff needed to be aware of and this was shared at the shift handover meeting. This ensured all staff had up to date information to meet people's needs.

People told us they had no complaints but would have no hesitation in raising anything that worried them with the staff or registered manager. One said, "I'd go to the staff if I was worried about anything". Another said, "The manager encourages us to tell them if there are any problems but I've always found everything to be okay". A relative told us the registered manager had always listened and taken action whenever they had discussed concerns with them. There was a complaints procedure in place and no complaints had been received since the last inspection.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were no checks in place to ensure medicines were administered, recorded and stored correctly. In addition, the registered manager had not always notified us about important events that occurred in the service, in accordance with the requirements of their registration with us. At this inspection, we found some improvements had been made, but further action was still needed. The registered manager checked medicine administration records (MAR) for gaps to ensure people received their medicines as prescribed. However, when the checks identified areas for improvement there was no system in place to address the shortfalls. We reviewed all the MAR charts and found entries which had not been checked by another member of staff to ensure accuracy. For example when people were staying at the home on a short-term basis staff had completed a hand-written MAR. However this had not been checked by a colleague to ensure accuracy. The registered manager told us they checked the stocks of medicines each month but we saw they did not always record the amount being held for each person on the MAR chart. This meant they could not be sure how much medicine was being held for each person. This would make identifying when a medicines error occurred difficult to track.

We saw that the registered manager carried out checks to ensure the environment and equipment was safe for people. These included fire safety systems and tests of the hot water system. We saw that any actions required were identified and completion was recorded. However, we saw some checks had not been completed. The test for legionella for the home was overdue which meant they could not be sure risks associated with the hot water system were being minimised. After the inspection the provider contacted us to confirm that this had been addressed. The registered manager recorded routine maintenance and repairs to ensure they were carried out promptly. We saw some areas of disrepair in the bathrooms and some relatives commented to us that the home was 'in need of a little TLC'. The registered manager and provider told us that they were recruiting a new handyman at the service and a full improvement plan was being drawn up to address any concerns.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had not conspicuously displayed their rating or inspection report at the home. We discussed this with the registered manager who immediately displayed a copy of the ratings poster on their noticeboard which was visible to everyone.

Our records showed that the registered manager had notified us of important events that occurred in the service in accordance with their registration with us. This meant we could check that they were taking appropriate action.

The provider sought people's opinions on the service through questionnaires and resident and relative meetings. One person said, "We all get together and discuss any concerns, although I can't think there have been any". A relative said, "I haven't filled in a questionnaire but I've been asked about activities and

outings". We saw that a recent survey had been sent out inviting people's comments on the food. The registered manager told us the results would be analysed and discussed at a resident's meeting to agree any improvements needed. The registered manager told us they planned to carry out regular surveys to get people's views on a range of issues including activities at the home. This showed the provider sought people's views on how the service could be improved.

People and their relatives told us the manager was approachable and there was a homely atmosphere. One relative said, "The manager has been tremendous, the home is small and homely, I have no concerns at all". Another said, "It's a nice environment and staff genuinely seem to care". Staff told us they worked well as a team and had regular meetings with the registered manager to discuss things that were happening in the service. One member of staff told us, "We talk about the residents and if they need anything and talk about ourselves. If someone wants to get something off their chest, they can". Another said, "We can say what we think and the manager listens to our views". This showed the staff were supported to fulfil their role.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Where people lack the capacity to consent to the arrangements for their care or treatment, including depriving them of their liberty, the provider was not following the Mental Capacity Act 2005 Deprivation of Liberty Safeguards. Regulation 13(4)(b)