

## Elizabeth House (Oldham) Limited

# Marland Court

### Inspection report

Marland Old Road  
Rochdale  
OL11 4QY  
Tel: 01706 638449

Date of inspection visit: 25 June 2015  
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#### Ratings

### Overall rating for this service

**Good** 

Is the service safe?

**Good** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Good** 

#### Overall summary

Marland Court is registered to provide accommodation and personal care for up to 24 older people. It is located in Rochdale close to local amenities and public transport. This was an unannounced inspection which took place on 25 June 2015. There were 15 people living in the service at the time of our inspection.

We previously inspected this service on 22 August 2014 and found that the service had breached two of the three regulations assessed. We issued compliance actions that required the provider to make the necessary improvements in relation to the management of records and medicines.

We inspected this service again on 13 January 2015 and found that the service was in breach of six regulations. We issued compliance actions that required the provider to make the necessary improvements in relation to record keeping, consent, supporting staff and respecting and involving people who used the service. We also issued a warning notice which required the provider and registered manager to take urgent action to make the necessary improvements in relation to assessing and monitoring the quality of the service provided.

# Summary of findings

Following the inspection in January 2015 the provider sent us an action plan telling us about the steps they were going to take to ensure compliance with the regulations.

During this inspection we found that the required improvements had been made and the service was compliant with the regulations we assessed.

The home had a registered manager in post. 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.

People who used the service told us that Marland Court was a safe place to live. Staffing levels were sufficient to meet the needs of people who used the service.

Safeguarding procedures were robust and members of staff understood their role in safeguarding vulnerable people from harm.

We found that recruitment procedures were thorough and protected people from the employment of unsuitable staff.

We saw that people were supported to take their medicines as prescribed. Members of staff responsible for the administration of medicines had received training and their practice was regularly assessed to ensure correct procedures were followed.

The home was clean and appropriate procedures were in place for the prevention and control of infection.

Members of staff told us they received regular training to ensure they had the skills and knowledge to provide effective care for people who used the service. The staff

team had also completed training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). However, senior staff were responsible for making applications and knew when and how to submit one.

People who used the service told us the meals were good. Special diets and people's individual likes and dislikes were catered for. Snacks and drinks were available between meals. We found that people's weight and nutrition was monitored so that prompt action could be taken if any problems were identified.

People were registered with a GP and had access to a full range of other health and social care professionals.

Throughout the inspection we saw that members of staff were respectful and spoke to people who used the service in a courteous and friendly manner. People who used the service told us they liked living at the home and received the care and support they needed.

We saw that care plans included information about people's personal preferences which enabled staff to provide person centred care. These plans were reviewed regularly and updated when necessary to reflect people's changing needs.

People were supported to pursue their own interests and hobbies in addition to the leisure activities organised at the home.

A copy of the complaint's procedure was displayed in the dining room and on the back of each bedroom door. The registered manager had investigated resolved one complaint since the last inspection.

Members of staff told us they liked working at the home and found the registered manager approachable and supportive.

We saw that systems were in place for the registered manager to monitor the quality and safety of the care provided.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe. Members of staff knew the action they must take if they witnessed or suspected any abuse.

Staffing levels were appropriate to meet the needs of people who used the service.

Arrangements were in place to ensure that medicines were managed safely.

Good



### Is the service effective?

The service was effective. Members of staff were supported to access training appropriate to their role including, nationally recognised vocational qualifications.

People who used the service told us the meals were good. At meal times members of staff were attentive to people's needs and offered appropriate assistance.

People were registered with a GP and had access to other health and social care professionals.

Good



### Is the service caring?

The service was caring. We saw that members of staff treated people with dignity and respect.

A visiting district nurse told us that people were treated as if they were in their own home.

Visitors were welcomed into the home at any time.

Good



### Is the service responsive?

The service was responsive. People who used the service were given the opportunity to take part in activities organised at the home.

People's care plans were reviewed regularly to enable members of staff to provide care and support that was responsive to people's needs.

Meetings were held for people who used the service to express their views and discuss the care and facilities provided at the home.

Good



### Is the service well-led?

The service was well-led. Members of staff told us the registered manager was approachable and supportive and they enjoyed working at the home.

There was a recognised management system which staff understood and meant there was always someone senior to take charge.

There were systems in place to monitor the quality of the service provided.

Good



# Marland Court

## 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.

Our inspection at Marland Court took place on 25 June 2015 and was unannounced. During the inspection we spoke with eight people who used the service, four care workers, the cook, the registered manager and a visiting healthcare professional.

The inspection team consisted of two inspectors.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made and the action plan submitted by the provider in response to the last inspection and enforcement action. We did not request any further information from the provider prior to this inspection.

During our inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for four people who used the service and medication administration records for 15 people. We also looked at the training and supervision records for four members of staff, minutes of meetings and a variety of other records related to the management of the service.

# Is the service safe?

## Our findings

People who used the service told us that Marland Court was a safe place to live. One person said, “The staff are very helpful, it’s very safe.” Another person said, “I feel safe here.”

Discussion with the registered manager and the training records we looked at confirmed that members of staff had received training in safeguarding vulnerable adults from harm. We discussed safeguarding with four members of staff and found they had a good understanding of safeguarding procedures and were clear about the action they must take if abuse was suspected or witnessed.

The staff team had access to the 'Whistle Blowing' policy. This policy ensured that members of staff knew the procedure to follow and their legal rights if they reported any genuine issues of concern. The members of staff we asked told us they would report any concerns to the manager and were confident that appropriate action would be taken.

We looked at the care plans of four people who used the service. These plans identified the risks to people’s health and wellbeing including falling, nutrition and the formation of pressure sores. Guidance for staff to follow about how to manage identified risks in order to promote people’s safety and independence were also included in the care plans.

We found that people who were at high risk of developing pressure sores were assisted by staff to regularly change their position. Records of these positional changes were kept to ensure that people received appropriate care and treatment.

We saw that medicines were stored securely which reduced the risk of mishandling. Registered nurses were responsible for the management of medicines at the home. We looked at the medicines administration records of 15 people who used the service and found they included details of the receipt and administration of medicines. Records of unwanted medicines returned to the pharmacy were also available. We saw that there were no unaccounted gaps or omissions in the records. Information about the support people needed to take their medicines was included in the care plans we looked at. We also found that guidance for staff to follow about when people might need to take their when required medicine was included in people’s individual care plans.

There was a system in place for regularly auditing the management of medicines in order to ensure people had been given their medicines as prescribed. These audits also included assessing staff competence in order to ensure that medicines were managed safely and people received their medicines as prescribed.

We looked at the recruitment files of two members of staff. These files included an application form with details of previous employment and training, an interview record, two written references and a criminal records check from the Disclosure and Barring Service. These checks helped to ensure that people who used the service were protected from the employment of unsuitable staff.

Throughout the inspection we saw that people were not kept waiting when they needed assistance from members of staff. One person said, “There’s usually enough staff and they’re very helpful.”

We were shown a copy of the duty rota which provided details of the grades and number of staff on duty for each shift. In addition to the care workers ancillary staff were also employed to do the cooking and domestic work.

Suitable arrangements were in place for the prevention and control of infection. We saw that gloves and aprons were used appropriately by members of staff in order to protect themselves and people who used the service from infection. We looked round the premises and found the home was clean and free from unpleasant odour.

There were records to demonstrate that equipment used at the home was serviced regularly. This included the fire alarm, electrical installation, gas appliances, portable electric appliances, fire extinguishers and emergency lighting. The fire system and procedures were checked regularly to make sure they were working.

We saw that a personal evacuation plan (PEEP) had been completed for each person who used the service. These plans were kept in people’s bedrooms and provided directions for staff to follow about the support each person required to safely evacuate the premises in the event of an emergency. There was also a business continuity plan which provided information for staff about the action they should take in the event of an emergency which seriously affected the operation of the service.

# Is the service effective?

## Our findings

People who used the service told us they received the care and support they needed from the staff team. One person said, "I'm very happy here."

All the people we asked told us the meals were good. One person said, "The meals are good and we have a choice." Another person said, "I enjoyed my lunch."

The meal served at lunch time looked wholesome and appetising. We saw that lunch time was an unhurried social occasion allowing people time to chat and enjoy their meal. Members of staff were attentive to people's needs and offered appropriate encouragement and assistance when necessary. We also saw that hot and cold drinks and snacks were also available throughout the day.

Discussion with the cook confirmed that she was aware of people's individual preferences and any special diets such as diabetic. People were offered a choice of meal and their individual preferences were catered for. The cook said that alternatives to the menus were always available if people wanted something else. Fresh fruit was also available to ensure that people received a varied and balanced diet. The night care workers told us they had access to the kitchen at night and would make drinks and snacks for people on request.

The kitchen had achieved the 4 star good rating at their last environmental health visit which meant kitchen staff followed good practices.

We found that people's care records included an assessment of people's nutritional status so that appropriate action was taken if any problems were identified. This assessment was kept under review so that any changes in a person's condition could be treated promptly. People's weight was checked and recorded monthly or more frequently if weight loss or gain needed to be monitored. When necessary advice was sought from the doctor and dietician and records of food and fluid intake were kept.

Members of staff told us about the training they had received this included first aid, food safety, infection control, moving and handling, health and safety, fire prevention, medicines management, safeguarding, dementia awareness and nationally recognised vocational qualifications in health and social care.

The registered manager showed us records which identified when members of staff had completed training and when further training was required. We looked at the personnel files of three members of staff and found they contained records of the training they had completed. This confirmed that a rolling programme of training was in place in order to ensure that all members of staff were kept up to date with current practice.

New members of staff were required to complete an induction programme which involved learning about their role and responsibilities and completing mandatory training. The registered manager told us that she had contacted a training provider about the recently introduced 'Care Certificate' with the intention of providing training for staff to achieve this qualification.

Members of staff told us they had regular supervision meetings with the registered manager. The members of staff we asked said they found these meetings helpful and gave them the opportunity to talk about anything relevant to their work at the home. This confirmed that members of staff were supported by the registered manager to provide effective care for people who used the service.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. This legislation sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. At the time of our inspection the registered manager had applied for authorisation for DoLS for 12 people who used the service.

These authorisations should ensure that people were looked after in a way that protected their rights and did not inappropriately restrict their freedom. Although members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005) two of the care workers we asked had limited understanding of this legislation.

We looked round the home and found that all areas were well maintained. We saw that people had personalised their own room with photographs, ornaments and pictures

## Is the service effective?

for the walls to make them look more homely. Communal rooms were spacious and suitable for a variety of cultural and leisure activities. People could easily access the garden area and sit outside when the weather permitted.

We found that all bedroom doors were usually kept locked and members of staff on duty each had access to a master key. People who used the service could open their bedroom from the inside without the need to use a key. We saw that 'grab handles' had been fitted to the inside of the door in each bedroom in order to make opening the door easier for people with mobility problems or dementia.

Each person was registered with a GP who they saw when needed. The care plans we saw demonstrated that people had access to specialists and other healthcare professionals such as dietitians, speech therapists, district nurses, podiatrists and opticians. Records were kept of all appointments and any visits from health care professionals so that members of staff were aware of people's changing needs and any recurring problems.

# Is the service caring?

## Our findings

Throughout our inspection we saw that members of staff spoke to people in a courteous and friendly manner and addressed people by their preferred name. One person said, “The staff are very nice couldn’t ask for nicer, nothing’s too much trouble for them, they’re very obliging.” Another person said, The staff are very good.”

We saw that information about the home was displayed in communal areas of the home for people and their visitors to read. This included a copy of the service user guide, statement of purpose, activity planner and a book for people who used the service and visitors to record their complaints and compliments about the service. Comments written in this book included, ‘All staff were very caring and helpful.’; ‘Everybody seems happy, the food looks very good and staff seem very caring.’ and ‘You couldn’t ask for a kinder and more caring home. Feels like home from home.’

The care workers we spoke with understood the importance of promoting people’s privacy and dignity. We saw that people who used the service were nicely dressed and looked smart.

A district nurse who regularly visited the home said, “We don’t have any problems here, I get on well with the staff and people are looked after and treated as if they were in their own home. Staff always follow my advice and ask for advice when they are not sure about something.”

The care plans we looked at contained information about people’s individual likes and dislikes. This enabled staff to provide care which was person centred and promoted people’s dignity and independence.

Where possible information about each person’s wishes regarding end of life care and resuscitation had been discussed and documented in their individual care plan. This informed staff what people wanted to happen at the end of their life.

Arrangements were in place for the registered manager or a senior member of staff to visit and assess people’s personal and health care needs before they were admitted to the home. The person and their representatives were involved in the pre-admission assessment and provided information about the person’s abilities and preferences. Information was also obtained from other health and social care professionals such as the person’s social worker. This process helped to ensure that people’s individual needs could be met at the home.

We noted that visitors were welcomed into the home and offered refreshments. People who used the service could receive their visitors in communal areas or their own room.



# Is the service responsive?

## Our findings

On arrival at the home at 7am we found that seven people were sitting in the lounge. We saw that these people were awake and had been given a warm drink. The senior care worker on duty told us that these people had wanted to get up early and there was no expectation by the day staff that most people would be up and dressed by the time they came on duty at 8am.

The four care plans we looked at stated people's preferred daily routine including the time they usually liked to get up in the morning. The care plan for one of the people sitting in the lounge when we arrived stated they usually got up between 6.30am and 8am. One person told us that the daily routine was flexible and they could choose when to get up and go to bed.

Care plans also included information about people's interests, hobbies and religious needs. One person told us they liked knitting, art and colouring. During our inspection we saw that people were supported by staff to choose what they wanted to do. Several people were taken to sit outside in the garden. We saw that staff chatted to people and ensured they were comfortable. We saw that one person enjoyed watching sport on television and another person stayed in the dining area to read a book. One person said, "I get my hair done every Thursday and I play bingo and do exercises."

The registered manager told us that outside entertainers visited the home every month. Local clergy also visited the home regularly and offered Holy Communion for people who wished to practice their faith in that way.

We saw that people's care records were kept under review and were updated when necessary to reflect people's changing needs and any recurring difficulties. Where

possible people who used the service or their representatives were involved in these reviews. One person told us they were aware they had a care plan and had discussed their care and support needs with a member of staff.

A copy of the complaint's procedure was displayed in the dining room and available in each bedroom. This procedure told people how to complain, who to complain to and the times it would take for a response. The registered manager had investigated one complaint since the last inspection and had discussed the issue raised with the person concerned. One person told us they would complain if necessary and said, "I would tell the manager, she would sort it out." However, we have recently received information of concern from an anonymous source which makes it difficult for us and the provider to seek further clarification about the issues raised. Nevertheless we passed the information to the provider who investigated the concerns and responded appropriately.

People who used the service and their relatives had been given the opportunity to complete satisfaction questionnaires in June 2015. One person had commented on the survey that they would like to do more artwork and learn how to paint pictures. The registered manager was in the process of recruiting a volunteer to organise an art class for people at the home.

People who used the service were encouraged to express their views about the care and facilities provided at the home at meetings held in February and June 2015. At these meetings activities and the environment had been discussed. The registered manager also operated an 'open door' policy so that people who used the service and their relatives could discuss any issues with her at any reasonable time.

# Is the service well-led?

## Our findings

The home had a registered manager in post who divided her time between two homes. 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 registered manager was supported by the provider who regularly visited the home.

The four members of staff we asked told us they liked working at the home and the registered manager was approachable and supportive.

Throughout the inspection we saw that the manager had a positive relationship with people who used the service and frequently spent time chatting with them.

We were shown minutes of staff meetings held in February and April 2015. These minutes stated that menus and cleaning had been discussed

Staff handover meetings took place at the beginning of each shift. This informed staff coming on duty of any problems or changes in the support people required in order to ensure that people received consistent care.

We saw that policies and procedures for the effective management of the home were in place. These included, infection control, medicines management, health and safety, fire safety, complaints, disciplinary and grievance procedures, management of accidents and incidents and safeguarding.

We saw that audits completed regularly by the registered manager included medicines, infection control, health and safety, care planning and the environment. All accidents and incidents were recorded and analysed by the registered manager so that any trends could be identified and addressed. We noted that one person had fallen on a number of occasions and the registered manager had made a referral to the falls team for advice about how to manage this problem.