Mrs Maria Mapletoft

Marshview

Inspection report

77 Marshfoot Lane
Hailsham
East Sussex
BN27 2RB

Tel: 01323849207

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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

Summary of findings

Overall summary

This inspection was carried out on 5 January 2017 and was unannounced.

Marshview is a residential care home located in the village of Hailsham, East Sussex providing care and support for up to 17 older people. The service supported the needs of people living with dementia and related conditions, sensory needs and diabetes. The building has 11 single bedrooms and three shared bedrooms. Marshview has a ground floor and first floor which can be reached by stairs or a chair lift. Car parking is available at the front of the building. At the time of the inspection there were 14 people living at the service.

There was a registered manager that had oversight of the whole service. 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.

Medicines were managed safely. Processes were in place which ensured that people received their medicines on time and 'as required.' People received care and support from staff that knew them well, and had the knowledge and skills to meet people's individual care needs. People told us staff were kind and caring. People and their relatives spoke positively about staff, their comments included, "I like living here, staff are very helpful" and "It's a very well run home with very caring staff".

There were policies and procedures in place that informed staff of how to keep people safe and these were followed. Staff were trained in safeguarding adults and understood how to recognise and report any signs of abuse.

The service had safe recruitment practices in place. Staff underwent the necessary checks which determined they were suitable to work with adults at risk before they started their employment. There were enough staff to meet the needs of people living at the service. In a recent resident survey, people reported that they had received all their personal care in a timely manner.

Staff received regular training to ensure they remained up to date with their knowledge and skills required for their role. Staff were supported through regular supervisions and team meetings.

People told us that staff always treated them with kindness and respect. They told us that staff were mindful of their privacy and dignity and encouraged them to be as independent as possible.

People's risks were anticipated, identified and monitored. Individual risk assessments were completed to ensure people and staff were protected from risk of harm. Risks were reviewed regularly to identify any changes to the person. Staff managed risk effectively and supported people's decisions, so they had as much control and independence as possible.

Care plans provided staff with clear direction and guidance as to how to meet people's preferred needs. Relatives spoke positively about the care and support that had been delivered. Comments included, "My dad is looking so much better. His hair has been cut, his nails are now clean and his personal care needs have been addressed. All this in such a short time. I'm so pleased and relieved".

People had enough to eat and drink. People were offered drinks and snacks throughout the day. People who had been identified as at risk of weight loss or weight gain were weighed regularly. One person was managing their diabetes through diet and records clearly showed their food and fluid intake. This ensured people's health and well-being was closely monitored and any changes were responded too.

Daily records were completed and reflected on each area of the care plan. Records completed by staff included references to medication, activities, sleep pattern, as well as other specific information relevant to the individual person.

People knew how to raise concerns and make complaints. People and their relatives confirmed they were confident that any concerns or complaints would be dealt with promptly and to their satisfaction.

There were quality assurance systems in place to make sure that any areas for improvement were identified and addressed. The registered manager was visible within the service and regularly visited people to seek their views about the service.

The registered provider undertook regular audits at the service. Analysis was used to identify areas for development.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Safeguarding procedures were in place to protect people from risk of harm and/or neglect. People were supported by trained staff who understood how to recognise and report any signs of abuse.

There were appropriate systems in place to ensure risks to people's safety and well-being were identified and addressed.

People's medicines were administered and stored safely.

There were sufficient number staff to keep people safe and meet their personal care needs. Recruitment practice was safe

Is the service effective?

Good

The service was effective.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's individual needs.

The registered provider had systems in place to assess people's ability to make their own decisions under the Mental Capacity Act 2005 (MCA).

People had access to sufficient food and drink and staff ensured they had access to healthcare professionals.

Is the service caring?

Good

The service is caring.

People appeared comfortable and relaxed and had developed positive relationships with staff.

Staff respected people's dignity and maintained their privacy.

People were supported by staff that were focused on maintaining their independence.

Is the service responsive?

Good

The service was responsive.

Care records were personalised and focused on a person's whole life. Staff had a good understanding of how people wanted to be supported.

People participated in activities of their choice and the risk of social isolation was mitigated.

People knew how to raise a complaint about the care they received and felt that their concerns would be listened to.

Is the service well-led?

Good

The service was well-led.

The registered provider had sought feedback from people and their family members through surveys, which enabled them to identify areas of improvement.

There were effective audit systems in place to make sure that any areas for development were identified and addressed.

The registered provider had appropriately informed the CQC of certain incidents as required by law.

Marshview

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 5 January 2017 and was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection, we checked the information that we held about the service including notifications we had received. A notification is information about important events which the registered provider is required to send us by law. The registered provider had completed a Provider Information Return (PIR) and we reviewed this. A PIR 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.

We spoke with three people who were living at Marshview and spent time observing the interaction between people at the service and staff. We spoke to two relatives who were visiting people at the service. We also spoke to the registered manager and three members of staff.

We looked at some areas of the home, including some bedrooms (with people's permission) and all communal areas.

We reviewed a range of records including the care records for three people using the service. These included support plans, risk assessments and daily records. We also looked at other records relating to the management of the service. These included staff training, support and employment records for three staff members, Medication Administration Records (MAR) charts, quality assurance audits and findings from residents and visitor questionnaires the registered provider had sent people and their relatives.

We contacted the local authority monitoring and safeguarding teams and they did not raise any areas of concern. The service was last inspected in 2014 where no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe and had total trust in the staff supporting them. People's comments included, "This is my home and I feel very safe living here" and "Staff make me feel safe and the home is extremely comfortable".

We saw sufficient numbers of staff were on duty to meet the needs of people. Staffing rota's showed that there were the correct amount of staff available at all times. The registered provider recruited staff with the appropriate knowledge and skills to meet the needs of people living at the service.

Thorough recruitment procedures were followed to check that staff were of suitable character to carry out their roles. Criminal checks had been made through the Disclosure and Barring Service (DBS) and staff had not started working at the service until it had been established that they were suitable. The registered provider demonstrated a safer recruitment process by only recruiting staff suitable to work at the service.

A policy and procedure was in place in relation to safeguarding people from abuse. Staff had received training and demonstrated a thorough understanding of the different types of abuse. They were able to describe the signs and indicators to look out for if they suspected someone was at risk. Staff described the process to follow should they have any concerns. The registered manager demonstrated a clear understanding of the local authority's safeguarding procedures.

Risk assessments were completed to identify risks to people and to the staff that supported them. People had a range of risk assessments in place which covered areas such as; management of personal risks, nutrition, moving and handling, falls and medication .There were also risk assessments in place specific to the individual, for example the self-administration of medication. This gave clear direction to staff for the process to be followed with the full agreement and involvement of the person managing their medicines. One person had a risk assessment in place for them to be able to have a kettle in their room to make their own drinks as and when required. The registered provider demonstrated a clear process for the management of risk, without restricting or limiting people's independence. Risk assessments were reviewed regularly and were all up-to-date.

The registered provider had policies and procedures in place for the management of medicines. People's care plans clearly indicated the level of support required for the management of medicines. We saw that the Medication Administration Records (MARs) were fully completed and up-to-date. The MARs included an up-to-date photograph of the person as well as a description of each medication and any allergies staff needed to be aware of. Protocols were in place for 'as required' medication, for example paracetamol. The protocol described the reason why the medication should be administered, the dose and frequency including the maximum number to be administered within 24 hours.

Medicines were ordered, stored and disposed of in accordance with the medicines management policies and procedures. The temperatures within the medicines room and medicines fridge were checked regularly to ensure they were correct for medicines that needed to be stored at a specified temperature. Medication

audits were undertaken every week by the medication lead. Actions were clearly identified, evidenced as completed and signed. This meant people received their medicines safely in accordance with their needs.

A clear system was in place for the recording of accidents and incidents. Records fully documented each event that occurred and all actions taken immediately and following incidents or accidents. This information was collated and reviewed by the registered manager each month to identify any actions that needed to be taken to protect people. Consideration was given to the place of the accident/incident, time and whether the person was alone or with staff. This minimised future risk and reduced the likelihood of recurrence.

Records showed that there were satisfactory up-to-date inspection certificates for areas including gas, electric and legionella. Water temperature checks were in place and up-to-date as well as fire alarm and equipment safety testing. Regular reviews, servicing and repairs were undertaken and recorded for equipment including moving and handling hoists, slings and profiling beds. These records were audited and signed by the registered manager. All maintenance works were fully recorded and showed actions were taken promptly when maintenance was requested.

The environment was clean and free from odours. Records showed that staff had completed infection control training and had access to information and guidance in relation to the prevention and control of the spread of infection. Personal protective equipment (PPE) including disposable gloves and aprons were located around the service and were readily available to all staff. Staff used PPE as required, for example when they assisted people with personal care.

The registered provider had a business continuity plan in place to support people in the event of an emergency. An example of this would be if the home was flooded, experienced a loss of power or had a fire. Part of the business continuity plan included individual personal emergency evacuation plans (PEEPS). These plans gave staff clear direction to ensure people received the appropriate amount of support required. An example would be if a person required verbal prompting and direction in the event of an emergency or if they required physical assistance due to moving and handling needs.

Good

Is the service effective?

Our findings

People spoke highly of the staff and felt confident in their skills and abilities. One person told us, "Staff are always willing and sociable." A visiting relative told us, "Staff understand and meet [Name's] needs really well".

Newly appointed staff, completed an induction which was tracked to the new care certificate. The care certificate is a set of minimum standards that social care and health workers work with in their daily working life. The standards give workers a good basis from which they can further develop their knowledge and skills. New staff shadowed an experienced member of staff until they felt confident to work independently. The induction included staff undertaking training in topics that included moving and handling, fire safety, health and safety and emergency aid. Training was undertaken in a selection of ways including classroom sessions, online learning and distance learning booklets that were sent away to be marked prior to receiving a certificate of completion.

People were supported by staff who had the knowledge and skills required to meet their needs. Staff said they felt fully supported by the registered manager and that there were good opportunities for obtaining additional qualifications. Some staff had completed training linked to the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge in how to support people with their care needs. One staff member told us they had completed their level 3 (QCF) in health and social care. They said this had given them the confidence and knowledge to undertake their role more fully and they hoped to undertake more training in the future.

Staff received regular supervisions and appraisals from the management team in line with the supervision policy. Records included areas for personal development, examples of good practice and discussions regarding training needs or requirements. Staff told us they felt fully supported by the management team and the registered manager had an open door policy.

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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the deprivation of liberty safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the MCA 2005 and the associated DoLS, with the staff and management team. Staff demonstrated an understanding of the Mental Capacity Act and associated safeguards. They were able to outline the key principles of the act and explained how people should be deemed to have capacity unless proven otherwise. Staff had received training in MCA and DoLS and this was verified through training records.

Decision specific mental capacity assessments were in place and there was evidence of decision specific best interest decisions within people's care plan files. DoLS applications had been submitted to the relevant authorities appropriately. These had not yet been authorised by the relevant authority but all supporting documentation was in place.

People confirmed that they had consented to the care they received. They told us that staff checked that they were happy to proceed with personal care and also they had been asked if they had a preference for male or female staff. We observed a member of staff quietly asking a person 'Would you like me to assist you to your bedroom to freshen up?' This person had spilled some food during mealtime. For people who could not give verbal consent we saw them smile or use their body language to give implied consent. This demonstrated that staff understood the importance of involving people in decisions about their own care.

People had the choice of eating their meals where they wished. For example, some people preferred to eat in their bedroom or the dining room. Tables were attractively laid with tablecloths, cutlery, table mats, condiments and cloth napkins. There was also a nice flower arrangement on each table and classical music was playing quietly in the background. Once people had been served their choice of meal and drink, staff sat down with them to fully participate in the mealtime experience. We observed comfortable interaction and conversation between staff and people.

One person had requested a salad rather than a hot meal and this was attractively presented and freshly prepared. This person told us, "The food is very good here and it is all home-cooked". One person required assistance to eat their meal. Staff sat next to this person gently prompting and encouraging them to eat their meal. The member of staff spoke quietly explaining what the meal consisted of, checked the temperature was correct for them and ensured the person had ample time to enjoy their food before the next mouthful was given.

The service had a main lunchtime menu choice which consisted of a main meal and dessert. People told us there was always an alternative available as well as a vegetarian choice. The late afternoon meal consisted of soup or high tea. Fresh fruit and snacks were readily available throughout the day. People were encouraged to put forward menu ideas and confirmed the menu was made up of their suggestions and favourite meals and desserts. One person told us, "The food is alright and I eat quite well really", a relative told us, "There is always a selection of food available". Where people had been identified as being at risk of malnutrition or dehydration, staff recorded and monitored their food and fluid intake.

Staff supported people to access healthcare appointments. If required, staff liaised with health and social care professionals involved in people's care if their health or support needs changed. People's care records included evidence that the service had supported them to access district nurses, speech and language therapists, occupational therapists and other healthcare professionals based on their individual needs. One person's records showed that in response to some physical changes that included inflammation of the legs, the service had introduced a riser recliner chair in their bedroom. A relative told us, "The staff always telephone if there are any concerns. They are always good at keeping me updated regarding how [name] has been". Records showed that people had access to opticians, dentists and a regular chiropody service.

The environment was decorated throughout using a vintage style. The house contained lots of pictures, and sensory objects to help stimulate and interest people. There were pictorial signs used to identify significant rooms that included bathrooms, toilets and kitchen. People's bedroom doors had their name on them. There was a spacious garden area for people to spend time in. One relative told us "I specifically chose Marshview due to its very homely environment. I felt my Father would adapt to a 'home from home' setting".

Good

Is the service caring?

Our findings

People told us that they received support from a staff team that knew them well. Comments from people included, "Staff are pleasant and caring", "Lovely staff" and "All the staff are very nice". Relatives told us that the staff were caring and easy to talk to. Their comments included, "Lovely staff who really do care for my mum" and "[Name] is being so well cared for". Recent quotes from the visitors survey undertaken in December 2016 included, "Everyone is very caring, friendly and polite", "I've been very impressed by the care and compassion shown to my father by all the staff" and "Care and consideration is shown to both residents and visitors at all times".

Staff demonstrated a good knowledge and understanding of people. They told us they had spent a lot of time getting to know people to ensure they understood the best way to support them. People appeared happy and comfortable with the support they received and staff were seen to be caring in their approach. For example we saw staff addressing people in a gentle manner and maintaining eye contact with them. There was lots of laughter throughout our visit and friendly banter between people and staff. It was evident that positive relationships had been formed between people and the staff that supported them.

People's bedrooms were furnished with their own personal effects. People told us that they had brought in personal items from their previous address. Items included pictures that been placed on the wall, photographs in frames that had been put on shelves as well as small ornaments and cuddly toys. People told us this had helped them settle into the service. A relative told us they had personalised their Father's room to support him with orientation and to make it feel like home.

People's independence was promoted. One person told us how they went out into the community each day to meet friends and continued to access activities of their choice. This person managed their own personal care needs and also administered their own medication. They told us that they understood the time would come that they would not be able to do this. They stated they were fully involved in their monthly reviews and believed the service promoted their independence. Another person's records showed they had the key code to the front door so they could come and go as they wanted.

People's dignity and privacy was respected. Staff had received training on privacy and dignity and the principles were embedded into practice. Staff were observed knocking on people's doors and awaiting a response before entering (Where appropriate). Staff described how they ensured people remained covered up when undertaking personal care and making sure the bedroom curtains were closed. They talked about treating people as they would wish to be treated. Treating people as adults and being sensitive to their needs. This meant that staff recognised the importance of respecting the people they supported.

People received care and support from a staff team who understood their history, likes, dislikes and things that are important to them. For example one person had stated their desire to remain independent and to spend time with friends. There were also comprehensive details about the person's history including family. As a result people received support that met their wishes from staff who understood their individual preferences.

The registered provider sought feedback from everyone by seeking suggestions and ideas. Residents meetings were held monthly and records showed feedback had been sought following activities as well as a recent resident's party. People were encouraged to raise concerns as well as put forward ideas for service development. An example had been following a discussion regarding daily mealtimes people voted on the times they would like meals to be served. The registered provider amended the daily meal times to meet people's wishes. The meetings were also used to educate people living at the service about topics which had included fire procedures and safeguarding. This showed that the registered provider valued people's opinions and feedback to shape and develop the service. Minutes of the meetings were made available.

The registered provider had an advocacy policy and procedure in place that included details of two local services. Advocacy is a process of supporting and enabling people to express their views and concerns, access information and services as well as defending people's rights and responsibilities. The registered manager told us that this service had not recently been accessed by anyone at the service but they always ensured the information was readily available to people.

Good

Is the service responsive?

Our findings

People told us they were happy with the service they received. Their comments included, "It is very nice living here", "The staff look after us very well". A visiting relative told us, "They looked after my husband beautifully".

People received personalised care and support. Prior to a person moving into the service a comprehensive pre-admission assessment was undertaken. The information gained during the assessment was used to develop the person's individual risk assessments and care plan.

Each person had their own care plan file which contained personal information and care planning documents. Care plans contained all the information required to support people throughout the day and night. For example people's care plans considered their personal care needs, continence, mobility needs, skin integrity, communication as well as people's social and spiritual needs.

People's needs were clearly recorded in their care plans. Care plans reflected people's individual needs, choices and preferences and provided clear guidance to staff on how to make sure personalised care was provided. Regular review meetings were held and recorded any changes in people's care and support needs. People told us they had been fully involved in the development of their personal profile. The headings included, Things are important to [Name], What people say about [Name], How to best support [Name]. This document included a photograph of the person as well as a comprehensive social history including family details.

Supplementary records for monitoring people's health and well-being formed part of their care plans. For example, regular monitoring was in place and recorded in relation to people's skin integrity when a person had been identified as being at high risk. One person's diabetes was being managed through diet and records clearly showed the systems in place to support this person. Guidance was in place for signs regarding high or low blood sugars along with the best way for staff to manage this. This monitoring helped ensure that in the event of the person's needs changing, appropriate care and support was delivered in a timely manner.

People were supported to take part in activities within the service. People spoke positively about the entertainers that visited to sing or play music. One person told us, "We have animals that visit us each month - I love this!" They also said that they enjoyed quizzes, carol singers, exercises and bingo. People were supported to play board games that had been designed for use with people who were experiencing failing eyesight. Staff encouraged people to engage in their own reminiscence individually as well as having sing-a-longs to music from people's early years. Daily newspapers were delivered to the service as well as magazines covering many topics. People's arts and crafts creations were displayed throughout the service. Records showed people were also supported to access hobbies and interests within their community.

The service had a policy and procedure in place for dealing with any concerns or complaints. This was readily available to all people living at the service. People knew who to contact if they needed to raise a

complaint and said they felt confident to do so. One person said "If I had any concerns I know the manager would address them". Records showed that eight complaints had been received by the service in the last 12 months which had been responded to appropriately and in a timely manner.

Good

Is the service well-led?

Our findings

The service had a registered manager who had been registered with the Care Quality Commission since October 2010. People living at the service, relatives and staff all described the management of the service to be approachable, open and supportive. Comments included, "The manager is accessible, there is always someone you can speak to", "It's well-run, everything needed is here", "It's homely and it's home" and "The manager is very approachable".

People told us the registered manager took an active role in the running of the service and had a good knowledge of the staff and the people who were supported. There were clear lines of responsibility and accountability within the management structure. The structure included a registered manager as well as Senior Carers.

Staff were aware of who their line manager was and confirmed they could approach them if they required any guidance or advice. Staff had access to 24-hour support during the weekend and out of hours. This ensured that advice could be sought if a situation arose within the service which required management support.

Staff meetings were held regularly. Staff told us they were actively encouraged by the registered provider to put forward any ideas or views. Minutes were recorded and shared with any staff who had been unable to attend.

The registered provider undertook regular audits within the service. Audits included accidents and incidents; infection control, environment, care plans, medication, health and safety, staff training and support and daily records. Part of the audit process included analysis to identify areas for improvement and development. Actions completed were clearly recorded. An example was the audit of people's care plans which had identified some shortfalls in the recording of documentation. Actions were completed with a date and a signature. This demonstrated the registered provider's commitment to continually improve the service

The service had notified the Care Quality Commission (CQC) promptly of all significant events which had occurred in line with their legal obligations. Registered providers are required to inform the CQC of certain incidents and events that happen within the service.

The registered provider sought people's views and experiences of the service. They undertook regular 'resident's' surveys and held monthly residents meetings. People and their relatives told us the registered manager regularly asked to them for their feedback to use in the development of the service. We reviewed the analysis of the residents survey undertaken in December 2016 and found that everyone responded that the home was clean, everyone said the home was free from bad odours, everyone had agreed that the staff were polite. Feedback regarding meal choices had been variable and this has been immediately addressed through the 'residents' meetings.

The registered provider had policies and procedures in place for the service. Policies were available to staff in order to assist them to follow best practice. This ensured staff had access to up to date information and guidance. Policies were available in the office.