Mrs R Ghai

Marlyn House

Inspection report

41 Cannock Road
Blackfords
Cannock
Staffordshire
WS11 5BU

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

Summary of findings

Overall summary

About the service
Marlyn House is a care home providing personal care for up to 18 older people. People have access to their own bedroom along with communal spaces including lounges and gardens. At the time of our inspection there were 15 people at the home, some who are living with dementia.

People's experience of using this service and what we found
People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. This was because mental capacity assessments and best interest decisions were not always in place when needed and conditions in place were not being met.

When incidents and accidents had occurred, the action the provider had told us they had taken to keep people safe was not always followed. Care plans and risk assessments were not always reflective of incidents that had occurred or did not always hold up to date information. People did not always receive person centred care as there were not always assessments in place for people. There was no evidence to show how people had been involved with their care or in making decisions.

There were some areas of the home that were in need of repair, the provider had identified this as an area of improvement.

The systems in place were not always effective in identifying areas of improvements. There were some evidence lessons were learnt however this needed to be embedded across all areas.

People were supported in a kind and caring way by staff they liked. Staff promoted people's privacy and dignity and independence. Improvements had been made and staff had the relevant training to support people. There were enough staff to meet people's needs, and they did not have to wait for support. The provider had ensured staffs suitability before they could start working in the home.

People enjoyed the food and were offered a choice; people's dietary needs were considered. There were activities taking place within the home that people told us they enjoyed. Safeguarding procedures were in place and understood. People had access to health professionals when needed.

Medicines were managed in a safe way and infection control procedures were followed. Complaints were also responded to when needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was inadequate (Published 17 June 2022) and there were breaches of

regulations. At this inspection we found the provider remained in breach of regulations.

This service has been in Special Measures since 17 June 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected
This inspection was a planned inspection, prompted by a review of the information we held about this service.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Marlyn House on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to regulation 12; safe care and treatment, regulation 11; need for consent and regulation17; good governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.
Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.
Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.
Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.
Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.
Details are in our well-led findings below.

Marlyn House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by two inspectors.

Service and service type
Marlyn House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement dependent on their registration with us. Marlyn House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was not a registered manager in post. There was a new manager in place who was in the process of registering with us.

Notice of inspection
The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. We also gathered feedback from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
During our inspection we spoke with the provider, the manager and four care staff. We spoke with five people living in the home. We looked at the care records for eight people. We checked that the care they received matched the information in their records. We looked at records relating to the management of the service, including audits carried out within the home.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. The rating for this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to ensure risks relating to the safety, health and welfare of people using the service were assessed and managed.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

Assessing risk, safety monitoring and management

- When incidents and accidents had occurred, we found these were now being documented and reviewed. However, the action the provider told us they were taking to keep people safe was not always followed. For example, following a fall it had been identified one person needed to be supervised when walking outside. We saw throughout the course of our inspection this person walked outside without supervision. It had been identified this person also required a sensor mat in their bedroom to keep them safe. Staff and the person confirmed to us this was not being used. This placed them at an increased risk of further falls.
- Care plans and risk assessments were not always reflective of incidents that had occurred. For example, we saw another person had been found on their floor in their bedroom. Despite this, there was no falls risk assessment in place for this person. Other risk assessments and care plans had been reviewed since this incident had occurred, however this incident had not been reflected in the care planning information.
- The actions taken to manage risks to people were not always effectively managed. We found instances where the action the manager had taken had a detrimental impact on people's safety. We discussed our concerns with the provider and manager.
- When people had displayed periods of emotional distress, we saw these incidents were now documented. However, there was no clear guidance, care plans or risk assessments to show how to support people during these times. This meant people may be at risk of receiving inconsistent support during these times.

Actions taken to keep people safe were not always followed. Risk assessments were not always reviewed to include incidents that had occurred. This placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider had failed to ensure people were always protected from the risk of abuse. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

Systems and processes to safeguard people from the risk of abuse
● Improvements had been made since the last inspection. There were procedures in place to ensure people were protected from potential harm. When needed, incidents had been investigated and reported appropriately.
● Staff had received training and understood when people may be at risk of harm. Staff were able to demonstrate an understanding of this to us and tell us what action they would take if they had any concerns.

Learning lessons when things go wrong
● There were some evidence lessons had been learnt, when things went wrong. For example, since our last inspection an analysis of incidents and accidents had been introduced. This was reviewed monthly. Further improvements were needed so this covered all areas to ensure it was embedded throughout the home.

Staff and recruitment
● People told us, and we saw there were enough staff available to support people. One person told us staff offered them regular checks. Staff we spoke with also felt there were enough staff.
● We saw when people needed support, for example, with personal care or at mealtimes, this was provided for them and they did not have to wait.
● There was a staffing tool in place that worked out the staff levels needed in the home. This was based on people's needs, there were the correct amount of staff available based on this staffing tool.
● We saw staff had received the relevant pre employment checks before they could start working in the home, to ensure they were safe to support people.

Using medicines safely
● People told us they received their medicines as prescribed and raised no concerns. Medicines we reviewed were administered to people when needed and in a safe way.
● When people were prescribed 'as required' medicines there were protocols in place to ensure staff had the information to administer these medicines when people needed them.
● Staff administering medicines had completed training and a competency check to ensure they were safe to administer these.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions placed on visiting and visitors could access the home freely.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met. We checked whether the service was working within the principles of the MCA.

- We found where needed people had DoLS authorisations in place. However, not all areas where restrictions had been placed upon people had been considered. For example, since our last inspection a lock had been fitted to the garden gate to restrict access. This had not been considered as a restriction for people.
- When DoLS authorisations were in place, some people had conditions on these. The provider or manager was not aware of these conditions and these conditions had not been complied with. This placed people at risk of being unnecessarily restricted.
- There was a lack of understanding from the provider, manager and staff team in relation to mental capacity. Since people's DoLS had been authorised, in some instances, mental capacity assessments had been completed within the home stating people had capacity. For other people, when needed there were no capacity or best interest decisions in place. Other capacity assessments had been incorrectly completed, meaning people may not get the support they need.
- There was also a lack of understanding around consent. For example, one person had a DoLs authorisation in place and capacity assessments stating they lacked capacity to make decisions in certain areas. However, this person had signed consent forms to agree to the care provided. This is not in line with MCA and placed people at risk of not receiving the support they needed with decision making.

The provider had failed to support people in line with the principles of MCA. This placed people at an

increased risk of harm. This is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● At our last comprehensive inspection, we found the service did not evidence they used assessments to support person centred care. At this inspection we found the same concerns. Not all people had an assessment in place, so it was unclear what people's needs were. Furthermore, all people had risk assessments in place in all areas even if they did not have an identified risk. For example, all people were weighed monthly, and all people were on fluid targets. The provider or manager was unable to provide a rationale for this.
● When people did have assessments in place these had considered people's characteristics and their cultural and religious needs.

Adapting service, design, decoration to meet people's needs
● The home looked tired, and some areas were in need of repair. For example, there were stains on the walls upstairs and patches of paint where areas had tried to be covered. This had been identified as an area of improvement and some areas of the home had started to be repaired.
● Further improvements were needed to ensure the home was more dementia friendly. For example, there were no signs or pictorial guidance to offer guidance or support to people.

Staff support: induction, training, skills and experience
● Staff felt the training had improved since the last inspection. Staff had received training and their competency was reviewed through supervisions. A training matrix had been introduced since the last inspection which monitored staffs training needs.
● People felt staff had the relevant training to support them and raised no concerns to us.
● There was an induction process in place for new starters. This included training and the opportunity to shadow more experienced staff whilst getting to know the people they were supporting

Supporting people to eat and drink enough to maintain a balanced diet
● People enjoyed the food and the mealtime atmosphere was relaxed. One person said, "I have juice all the time and offered coffee throughout the day. I am offered a choice at mealtimes".
● When needed, people received support to eat and drink and staff took time with people and this was not rushed.
● When concerns had been identified with people's eating and drinking, care plans and risk assessments were in place. People had received support from the speech and language team (SALT).

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support
● We saw the provider worked with other agencies when needed to ensure people's health needs were considered.
● When needed, people had been referred to other professionals for advice. For example, one person had been referred to an occupation therapist for support with their mobility.
● When people had been unwell, we saw staff had supported people to contact the GP or make appointments.
● People's oral health care was considered and there were plans in place identifying the levels of support they needed.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care

- It was unclear how people and their families were involved with their care and decision making. Since our last inspection people's care plans and risk assessments had been rewritten. There was no evidence to show how people had been involved with this process. The manager told us they had verbally spoken to some families however there was no evidence to support this.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives were happy with the staff that supported them. One person said, "I am very happy, the staff are kind to us."
- Staff were able to tell us information about people and what was important to them. Further improvements were needed to ensure this information was always documented in people's care records.
- The provider had recorded compliments received from people and their relatives where the caring nature of staff had been shared.
- People's religious needs had been taken into account. One person was supported to visit church on their request.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was encouraged and promoted. We observed this during our inspection. Staff gave examples of how they would support people, including closing doors and curtains during personal care.
- In some instances, people were supported to remain independent. For example, one person told us they were encouraged to do tasks for themselves. Care plans reflected the levels of support people needed.
- Care plans had been updated to include the levels of support people needed.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Although there was some reference to people's like and dislikes in care plans further improvements were needed to ensure people's preferences were fully considered, in all areas of their care.
- Care plans in place were not always reflective of people's current needs. For example, we were told by staff one person's mobility had improved, several months ago, the care plan we reviewed did not reflect this change.
- People did not always have control over their lives as people were not always encouraged to express opinions. For example, there was no evidence of how all the people living in the home contributed to meetings.

Improving care quality in response to complaints or concerns

- People and relatives knew and felt able to complain. One person said, "I would talk to the manager if I was unhappy about anything."
- There was a complaints policy in place. When complaints had been made the provider had responded to these in line with their policy.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their careers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The Accessible Information Standard were considered. The provider, manager and staff were aware of this and what this may mean for people.
- People's communication needs had been considered. There was some reference to this in people's care files. Further improvements were needed to ensure people had individual communication plans in place. There was no one currently being supported with any specific communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us and we saw there were activities within the home. One person said, "There is usually something going on in the lounge, I join in if I feel like it, it breaks up the day." During our inspection we observed a variety of activities taking place including a game of bingo which people enjoyed.
- People told us their friends and families could visit when they wanted to.

End of life care and support

- There was no one currently using the service who required end of life care.
- There were plans in place which considered peoples future preferences.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. The rating for this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to operate good governance systems to assess, monitor and improve the quality and safety of the services provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Continuous learning and improving care. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The service has a history of non-compliance which dates back to 2016. This is the seventh time we have inspected this service and the highest rating achieved is requires improvement. There has been a continued breach of regulation 17 since 2018.
- At this inspection we found more audits were being completed however they were not always effective in identifying areas of improvement. For example, the analysis of incidents and accidents had not identified the actions required to keep people safe were not been followed.
- A care plan audit had been introduced however this was not accurately completed and therefore not effective in identifying areas of improvement. For example, we reviewed one person's audit. This stated all MCA and best interests' decisions were completed for this person. We found they were not.
- It had been identified following an incident that checks needed to be made on equipment that was being used to keep people safe. Although the provider and manager told us these were completed there were no processes in place for this and no documentation to show it had been completed.

There remained insufficient oversight of the service and the measures in place were not always effective in identifying areas of improvement. This placed people at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were some audits in place that were identifying where improvements were needed. For example, the medicines audit had identified when signatures had been missed so action could be taken.
- We had been notified about events that had happened within the service when needed.
- Staff understood their roles and responsibilities and there were clear lines of delegation since the introduction of the new manager.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics
● There continued to be no evidence to show how people were involved with their care.
● Feedback was sought from people who used the service. The feedback that we reviewed was positive.
● Staff attended supervisions and team meetings so that they could share their views. Staff felt supported and listened to by the manager and provider.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People liked the home and living there. One person said, "I like it here, staff look after me. I have no issues."
● Staff felt the home had improved since our last inspection. One staff member told us, "Things are better, I feel we know what we are doing now and heading in the right direction. The manager is nice and available, and we are having more control over things like the care planning."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● Duty of candour requirements were understood and met.
● When incidents or areas of concern had happened in the service, the service was more open and transparent and had shared this with the relevant people.

Working in partnership with others
● The service worked with other agencies to ensure people received the care they needed.
● There was more involvement from health professionals in the home, the manager was more open to working with other professionals.

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 11 HSCA RA Regulations 2014 Need for consent Principles of MCA were not followed.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Actions taken to keep people safe were not always followed. Risk assessments were not always reviewed to include incidents that had occurred.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There remained insufficient oversight on the service and the measures in place were not always effective in identifying areas of improvement.