

Mrs Kaushali N Kittle and Sudath L Dias

# Marsh House

## Inspection report

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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

About the service: Marsh House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

- People and their relatives made positive comments about the care provided at Marsh House.
- Personal and environmental risks in the service had been identified and mitigated by the provider, registered manager and staff. Positive risks were encouraged and supported by the service.
- Staff were competent and had the training required to support people.
- Staff were recruited safely, were visible in the service and responded to people quickly.
- People were given choice and supported to be independent. They were treated with dignity and respect.
- Staff knew people well and had developed meaningful relationships with them.
- People could take part in a range of activities internally and externally to the service and were actively encouraged to do so.
- People's health was well managed. They were supported to maintain healthy and make choices about what they ate and drank. Individual health and nutritional needs were met.
- People received their medicines when they needed them.
- End of life planning was in place to support people at the end of their life.
- People, their relatives and professionals made positive comments about the management team at Marsh House.

Rating at last inspection: Good (report published (2 November 2016))

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any information of concern, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 remained good.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service remained good.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service remained good.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service remained good.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service remained good.

Details are in our Well Led findings below.

Good ●

# Marsh 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 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.

#### Inspection team:

Two inspectors conducted the inspection.

#### Service and service type

Marsh House is a care home which is registered to provide accommodation and personal care for up to six older people. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of inspection, six people were living in the service

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced and took place on 01 April 2019.

#### What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as abuse; and we sought feedback from the local authority and other professionals involved with the service. We assessed the information that providers send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During our inspection visit, we spoke with three people using the service, three relatives and five staff

including the registered manager, senior and care staff. In addition, we spoke to three professionals about their experience of the service. We observed the support provided throughout the service. We looked at records in relation to people who used the service including two care plans and six medication records. We looked at records relating to recruitment, training and systems for monitoring quality

After the inspection, the registered manager provided us with further evidence of good practice.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and protect people from the risk of harm and abuse. The provider had reported abuse to the local authority and Care Quality Commission when it was identified.
- People were supported to keep safe and to raise concerns when abuse occurred. People had access to safeguarding information in an easy read format.
- Staff had received safeguarding training and had a good understanding of what to do to make sure people were safe. Staff told us they had not raised a safeguard but knew how to. One staff member told us, "I would report any safeguarding issues to management. I would make a written report and call the local authority to report my concerns or ask for advice."

Assessing risk, safety monitoring and management

- People told us they felt safe. One person told us, "I love it here! I feel safe because it's warm and cosy" Another person told us, "Yes I feel safe. Staff look after us and nobody hurts anybody."
- Risk assessments covered all areas of identified and known risk. Staff understood people's risks and we observed staff minimising these. One member of staff told us, "Risk assessments are updated regularly. We have to sign to say we have read the paperwork. During supervision, we are asked random questions to ensure we have read the information."
- Staff understood and encouraged positive risk taking. One person had been supported to access the local community independently. The registered manager told us, "(Person) never showed road skills and would walk out into the road. We were so concerned so applied for a DoLS so we could support them. In this time, we worked with (person) and the local authority to work on road sense. We did a risk assessment on this with (person), so they could take the lead when we were out and about and understand what was safe and what was not." People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- Risk assessments relating to the environment were in place. This included personal evacuation plans for use in case of an emergency. Staff were able to tell us what they would do in an emergency.
- Maintenance checks were completed, and equipment was maintained. These checks included gas safety, portable appliance tests and emergency lighting.

Staffing and recruitment

- Recruitment processes were safe as checks to ensure staff were fit to carry out their role had been completed.
- People, staff and relatives told us there were enough staff to meet people's needs. One person told us, "Yes, there is always enough staff." Another told us, "There are enough staff, they always come quickly if I

need them." A staff member told us, "There are enough staff to support people's needs. We are only covering with one agency staff member."

- Processes and procedures were in place to cover shifts. Staff told us they knew what these were and to use them. One staff member told us, "We can use agency staff and ask the sister home to cover shifts. All staff can be swapped around to cover."
- Rota's were in place and staff were allocated based on people's needs. This included accessing the community and increasing staff where required.

#### Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. People's medication records confirmed they had received their medicines as prescribed. We carried out a stock check of medicines and found that stock levels held were correct.
- Staff were trained and assessed as competent before they administered medicines.
- People received support to manage their 'as required' medicines. Where people exhibited behaviours that may challenge others and put people at risk of harm, 'as required' medication was in place. Protocols and procedures were in place for staff, so they knew how to respond to people and administer their medicines appropriately. One staff member told us, "As and when medications have strict guidelines for behaviour medication. Staff have to get permission from the on-call manager to administer this." Another staff member told us, "If a person has medication for behaviours, they will have a protocol in place. We use the protocol to assess if the person needs the medication and if they do, we will monitor them and pass onto other staff, so they know."

#### Preventing and controlling infection

- People told us staff understood and followed infection control procedures. One person told us, "The home is always clean. Staff clean it every day." Another told us, "Staff do the hoovering, cleaning and washing."
- Staff had received appropriate training in infection control and knew how to prevent the spread of healthcare related infections. One staff member told us, "We have lots of personal protective equipment, such as gloves and aprons for personal care. We have yellow gloves for laundry, face masks and red laundry bags for soiled clothes."

#### Learning lessons when things go wrong

- Lessons were learnt in the service when issues happened. One incident had taken place where staff had not followed appropriate protocols. Following the incident, a staff memo was sent out to all staff reminding staff of correct actions. From this, a separate lesson learnt meeting took place to discuss the incident.

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's individual and diverse needs were in place prior to them moving into the service to ensure their needs could be met safely. One person told us, "A member of staff came to see me in my old place before I came here." The registered manager told us how they had supported one person to move into the service. They told us, "I spent the week with (person) in their previous placement. I got to know them and see how they interact."

Staff support: induction, training, skills and experience

- People told us they felt staff were trained and knew what they were doing. One person told us, "Staff are competent in what they do, honestly they are. If something is wrong they tell me. They don't make me do things, they advise us." A relative told us, "I think staff have the right training to look after everyone, they interact well with all the people living there."
- Staff had a clear understanding of their role and what was expected of them. Training was completed face to face and included medication administration and safeguarding. Staff told us they had the training they needed to support people's individual needs. One staff member told us, "I have done dysphasia and managing behaviours training. I can't think of any additional training that I need as I feel confident to carry out my role after the training." Another staff member told us, "I always look to do extra training and have signed myself up to do more as there is a lot more training we can do."
- Staff told us competency assessments took place. One staff member told us, "We have competencies every three to six months." Records showed this had taken place and where needed, action was taken.
- The Care Certificate had been completed by staff without prior care experience or qualification. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- Staff received a comprehensive induction programme. Inductions included learning about the role, introduction to care plans and risk assessment, health and safety procedures, and meeting people in the service. One staff member told us, "I completed some shadow shifts and then I spent a couple of days reading care plans about people." Another told us, "I read all the policies on my first day and shadowed an experienced member of staff."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they received choice with food and drink. One person told us, "I am happy with the food, there is always enough. Staff ask what food I like and if I don't like it, they make something else." Another person told us, "I go shopping with staff if I want to and pick what I want to eat. This week I am going to the pub to have dinner."
- People received support to maintain their independence and prepare their own meals. The service



promoted healthy eating and monitored people's weight, where appropriate. One staff member told us, "People are weighed monthly and we work with dieticians to cut down fizzy drinks for people. We have a 'this is me' document which tells us what people like and don't like." One relative told us, "We were there during lunch, it was very nice with lots of veg. Everyone sat around the table. Staff do care about what people eat. They cook on the premises, it's all fresh."

Staff working with other agencies to provide consistent, effective, timely care

- Staff communicated effectively with each other. One staff member told us they used a daily shift handover to communicate between staff. This allowed staff to know what was happening with people and any changes in their needs. This included nominating specific staff to support people with swallowing concerns during meal times.

Adapting service, design, decoration to meet people's needs

- People's rooms were personalised, accessible, comfortable and decorated with photos. One person told us, "I have my own bedroom here, upstairs, and I have all my personal stuff in there." Another person told us, "I am happy with my bedroom. I can leave my little light on if I want."
- The environment was clean, tidy and free from odours. A professional provided feedback, telling us, "When visited I have found the house, clean and tidy, warm and welcoming."
- The environment well maintained. Staff reported environmental issues via a communication book. Repairs were then highlighted by the registered manager and fed back to the provider where required.

Supporting people to live healthier lives, access healthcare services and support

- People were supported with their healthcare. One person told us, "Staff know when I'm not well. They called the doctor when I had a bad knee." Another person told us, "If I felt unwell, I would go and see staff and they would do something about it." A professional told us, "When the person I case manage relapsed in their mental health, the home was proactive in involving services to support them."
- The registered manager told us how they had supported someone's health to improve. They told us, "I am very proud of what people have achieved. For instance, we have reduced (person) fizzy drink intake due to health and oral concern from eight bottles a day to two. (Person) wouldn't access health appointments but now has gone to dentist and had some teeth removed." A staff member told us, "We worked with the person to make healthy choices with their food and drink." The person told us, "I feel happy about this."

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Related

assessments and decisions had been properly taken. Continuous supervision and control, combined with lack of freedom to leave, indicated a deprivation of liberty, and the provider had applied for this to be authorised under DoLS.

- Staff understood the importance of gaining consent before providing support. Observations of staff and people showed this. One staff member told us, "We always ask people for their consent. I will ask, are you ready or do you want help with that."
- The registered manager understood their responsibility to apply for DoLS as needed and their responsibility to inform the commission.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People, relatives and professionals told us people liked living at Marsh House and they were well looked after. One person told us, "I feel cared for, it's just a feeling. I would be out of here if staff weren't caring." A relative told us, "Staff are very caring. They are very welcoming to us as a family, staff are talkative and friendly. They give us an update on (person) and you feel that the other people are relaxed." Another relative told us, "Staff are caring. (Person) is happy there. The staff I have seen are good. Everyone seems happy when we visit." A professional told us, "I have found the staff very positive and caring in their roles."
- People had detailed personal profiles recorded giving a life history to staff. Staff knew people well and used this information to support people. One staff member told us, "We use the 'This is Me' document which tells us about their life. We use this information to write care plans and risk assessments." The registered manager told us, "When I first met one of the people here, I found out we came from the same area. So, I used this information to talk with them and get to know them."

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

- People and relatives told us they were involved in people's care. One person told us, "My (person) and (person) come and visit me. They assist my key worker in writing my care plans." A staff member told us, "All of the care plans and risk assessments are put together by all staff, social workers, families and the service users themselves."
- Resident meetings were held regularly. Minutes from these meetings showed people could discuss what activities they wanted as well as any other issues.

Respecting and promoting people's privacy, dignity and independence

- People, relatives and staff told us staff promoted people's dignity and independence. One person told us, "Staff encourage me to be independent. I go to town, make my bed, have a shower and clean my own bedroom every day. It makes me feel good." Another person said, "Staff help me to be independent. I can choose what I want in my room and I can go to bed when I want. I am very happy." One relative told us, "They try to help (person) maintain their independence. They always treat (person) with dignity and respect, they don't talk down to (person), they talk to them, which I like. Staff talk to everyone like this, it's nice. I see staff sitting with people and chatting to them."
- Staff understood how to promote people's dignity and independence. One member of staff told us, "We try to promote independence as much as possible to enable people to go into supported living. For example, we are supporting one person to join staff on the next food and hygiene course. I try to get people to do as much as possible for themselves and encourage staff to let people to do stuff for themselves." A professional told us, "The home has implemented actions from professional's feedback immediately and were proactive in assisting (person) to become as independent as possible."

- Care plans included information relating to people's sexuality. One person had been supported by the registered manager to access sex education at their request. The registered manager told us, "I was approached by one person to talk about sex, so I referred (person) to a service in the community that I was aware of and I have continued to offer support to them. We support people's relationships in the home."

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs had been assessed before they moved into the service and a detailed care plan had been developed to ensure these needs were met. This included clear information about specific needs, personal preferences, routines and how staff should best support them. People and, where appropriate, their representatives, were involved in the planning and review of their care. The registered manager told us, "People will sit with staff to update their care plan. If they can't, it will be done with the family member, or if any issues with the family, we will involve social worker or an advocate for the person."

- People able to follow a variety of interests, both internal and external to the home. At the time of inspection, people were accessing the community with staff as per their wishes. One person's records stated that staff should enable them to undertake long distance trips but were able to access local shops independently. A weekly activities sheet showed varied activities taking place within the service. One person told us what their weekly activities were. They said, "Monday I go shopping, Tuesday I do house cleaning, go to the fitness park and go shopping. I can go by myself or I can ask someone to come with me." A relative told us, "(Person) goes into town with staff once a week, get a drink and chocolate." A professional said, "(Person) is supported to have as many activities as possible, according to their interests."

- Care plans and risk assessments had been regularly reviewed and updated to reflect people's changing needs. A professional said, "I have viewed care plans and risk assessments for the person I support which are up to date and person centred. They know my client very well."

- People's communication needs were identified, recorded and highlighted in support plans. Staff were aware of these and had the skills and resources to support people.

- From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS). This means people's sensory and communication needs should be assessed and supported. Information was available in easy read format to aid people's understanding. This included the complaints and service user guide. The registered manager was aware of the Accessible Information Standards. Information was also available about this in easy read format.

- The service was part of the community and had developed local links. The registered manager told us, "I am big in getting people into the community. I know that people living here will be moving back there so we want to promote it whenever we can. For instance, we work closely with charity shops and one person does voluntary work in a charity shop every Friday. I referred (person) to a social worker to get job skills and they did some work placements. They now have a job there and is very proud and has pride in themselves." We spoke to this person and they told us, "I work in a shop and I love it."

Improving care quality in response to complaints or concerns

- Since the last inspection, the service has not received any complaints although systems and procedures were in place for people to raise complaints and concerns.

- People and relatives told us they could raise complaints or concerns but had no reason to complain. One relative told us, "If I had a complaint I would talk to the senior staff, but I have never had to make a complaint."

- Compliments had been received by the service since the last inspection. These included, "The service is person centred, welcoming, supportive, responsive and friendly." Another said, "I came to complete a review, the staff team are helpful and forthcoming with information. Very person-centred care and this shows through (person's) development."

#### End of life care and support

- At the time of inspection, no-one was receiving end of life care. However, the management team knew how to access support from other healthcare professionals should this be needed. One person told us, "I am involved in my care and have just arranged my funeral plan."

- Documents to record the arrangements, choice and wishes people may have for the end of their life were in place to ensure people's final wishes were met.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager had a good oversight of what was happening in the service, and demonstrated an in-depth knowledge of all areas.
- The culture of the service was caring and staff were passionate and motivated about supporting people. One relative told us, "I would recommend this service to anyone I really would. Staff try really hard to give people a home. I feel confident, it's a nice place to be and I hope it will be a better time in people's lives." A staff member told us, "I would recommend this service because people's needs are attended to and they have freedom and choice to do what they want."
- Ratings from the previous inspection were on display. These were also available in easy read format for people who required it.
- The registered manager and provider conveyed their commitment to providing person centred care in discussions with us, and it was evident from documentation and systems in place that people were at the centre of the work the service provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was well run, and staff understood their roles. Since the last inspection, the provider confirmed the registered manager would manage Marsh House only. This has been done to ensure full oversight of the service. At the time of inspection, the registered manager had been managing another service.
- The registered manager understood their legal requirements. They were open to change and keen to listen to other professionals and seek advice when necessary.
- Quality assurance processes were in place to identify shortfalls within the service. Where improvements had been identified, action plans had been produced. Actions that required provider agreement were sent off by the registered manager and signed off when completed.
- The provider visited the service regularly and completed checks and audits to monitor the quality of the service. These included care plans and risk assessments, number of incidents and accidents and staff meetings. Records showed any actions that were needed had been completed.

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

- People and staff had completed a survey of their views. An overview of findings was completed and highlighted areas of improvement. These findings had not been shared with relatives or people to feedback

what the service had done. We discussed this with the registered manager who told us they would look at how this could be done.

- Staff told us they had received supervision of their performance and regular team meetings. One staff member told us, "I am given the opportunity in supervision and team meetings to give any feedback and put forward any ideas." Another staff member told us, "We had a team meeting last week. The manager will put the agenda on the wall and staff will add points. We discuss these points during the meeting. In this meeting, we put staff names into a pot and each person pulled out a [staff member's] name and was given an opportunity to say something positive about that person."
- Staff told us they felt listened to and that the registered manager and provider were approachable. One staff member said, "I feel able to raise any concerns with the manager. They are very approachable and always happy to discuss anything. All the staff are treated equally."
- Staff told us, and we saw records to show they had regular team meetings.

#### Continuous learning and improving care

- The registered manager and provider told us how they were regularly looking to implement innovative systems to provide a high-quality service for people. The registered manager told us, "I am introducing a new trends analysis which I can use for any area of the home and on individual people. For example, if there is an issue with falls, we can follow this through to see what the issue is and what the cause of it the issue is. It will be used by both the senior and registered manager." The provider also told us the service was looking to introduce electronic care planning and review how staff are trained.

#### Working in partnership with others

- The registered manager attends the local authority's provider forum including training sessions run by the Quality Improvement Team. The registered manager told us they were supported by the provider to engage in such activities.