

Chigwell Homes Ltd

Marcris House

Inspection report

Coopersale Lane
Theydon Bois
Epping
Essex
CM16 7NS

Tel: 01992814276

Date of inspection visit:
18 December 2018

Date of publication:
18 January 2019

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: Marcris House is a care home that was providing accommodation and personal care to 32 people, some of whom are living with dementia. At the time of the inspection 30 people were using the service.

People's experience of using this service: There were systems in place which provided guidance for staff on how to safeguard the people who used the service from the potential risk of abuse. Staff understood their roles and responsibilities in keeping people safe. Risk assessments were in place to identify how the risks to people were minimised. Staffing levels were kept under review to ensure there were sufficient staff that were suitably trained to respond to people's needs. Recruitment checks had been carried out to ensure staff were suitable to work with vulnerable people. People received their medicines safely. People were protected from the risk of infection.

People's needs were assessed and the service continued to support people to eat and drink enough to maintain a balanced diet. They were also supported to maintain good health and to have access to healthcare services. 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. Refurbishment work at the service was ongoing.

During the inspection we observed staff to be kind, patient and friendly. People's dignity and privacy was respected by staff.

People were involved in the planning of their care and staff responded to people's preferences. Care plans contained sufficient detail, but work was being completed to ensure they were personalised. People had opportunities to engage in activities and planned events that interested them. Staff took steps to investigate complaints and to make any changes needed. People were supported at the end of their lives to have a comfortable, dignified and pain free death.

There were a number of audits and checks in place to help ensure standards were maintained. These were all clearly documented and records were up to date.

Rating at last inspection: Rated Good (Report published 12 August 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 the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service is responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service is well led.

Details are in our Well led findings below.

Good ●

Marcris 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:

This inspection was carried out by one inspector.

Service and service type:

Marcris House is a care home. 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. 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.

What we did:

We looked at notifications received by CQC. Notifications consist of information the service is legally required to tell us about, such as accidents, injuries, deaths and safeguarding notifications. We had received a provider information return form (PIR). This form asks the provider to give us some key information about what the service does well and what improvements they plan to make.

During the inspection visit we spoke with the registered manager, a senior care worker, a member of care

staff and the chef. We spoke with four people who used the service and two relatives. We also spoke with a visiting health professional to gain their views.

We looked at records including three care plans, two staff personnel files, training records, health and safety records, audits and meeting minutes. We observed care throughout the day and undertook a Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help us understand the experience of people who cannot talk with us.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

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

Systems and processes:

- There were up to date safeguarding policies in place and staff had undertaken safeguarding training. Staff we spoke with were aware of how to recognise and report any concerns.
- Recruitment checks had been carried out to ensure staff were suitable to work with vulnerable people.

Assessing risk, safety monitoring and management:

- People had individual risk assessments in place and these were regularly reviewed. Where risks were identified, care plans addressed the way in which staff could mitigate these risks. One person who had been assessed at high risk of choking, had been reviewed by a speech and language therapist. This ensured they received an appropriate diet and staff had the skills to assist them at mealtimes and keep them safe.
- We noted during the inspection wardrobes were not secured to the wall and people could be at risk of these falling. The maintenance person secured all the wardrobes to the walls during the inspection.
- Personal emergency evacuation plans (PEEPs) were in place for each person. A visit by the fire service had been undertaken in 2018 and fire safety processes were recorded as being satisfactory.

Staffing levels:

- There were enough staff on duty to meet people's needs promptly and keep them safe. One person said, "The staff are always around to help me." A relative said, "I have never seen them pushed for staff."
- When we talked with staff they said there were times when they were busy, but there were generally enough staff on duty. One staff member said, "We do have enough staff, when agency are working it is sometimes a bit more difficult, although we do have excellent regular agency staff."

Using medicines safely:

- People had their medicine at the times they were prescribed or needed. Medicine administration records (MAR) we viewed had been completed accurately.
- We did note hand-written MARs did not always have two signatures. A counter signature would ensure the hand-written entry had been transcribed correctly and followed the prescriber's instructions. The registered manager informed us they would communicate this to all senior staff.

Preventing and controlling infection:

- Staff were observed using personal protective equipment such as aprons and gloves.

- During the inspection we found there was an odour in the main lounge. The registered manager told us they would deep clean this room.
- A programme of refurbishment was ongoing.

Learning lessons when things go wrong:

- The registered manager monitored and reviewed incidents to identify any trends. Staff had sufficient guidance to reduce the risk of a repeat of accidents as documented in people's care plans.
- A recent visit by the local authority had identified some concerns in relation to records. The registered manager had plans in place to update care records and findings from this report.

Is the service effective?

Our findings

Effective – this means 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 were carried out for people before they moved into the service. These formed the basis of people's ongoing care plans, which helped ensure that staff could meet people's individual needs effectively.

Staff skills, knowledge and experience:

- Staff we spoke with told us they had regular training to support them in their role. One staff member said, "We do a lot of training and I am just finishing my level three diploma."
- Records demonstrated staff received appropriate supervision and appraisals. The supervision sessions were focused around developing the skills and knowledge of the staff team. In these sessions staff were offered the opportunity to request training and discuss career progression. One staff member said, "[Registered manager's] door is always open. Good or bad they listen to what we have to say."
- A healthcare professional said, "Staff always follow my advice and contact us straight away if they are concerned."

Supporting people to eat and drink enough with choice in a balanced diet:

- People were supported to have sufficient amounts to eat and drink to maintain a balanced diet. Lunchtime in the dining room was a relaxed and sociable occasion. Jugs of juice were on the table so people could pour these independently.
- A large menu was displayed in the entrance, however there was not a menu displayed in the dining area and we noted people asked staff several times what the choices for lunch were. The registered manager told us they would add a menu board to the dining room.
- People we spoke with told us they liked the food. One person said, "The food is always very nice."

Staff providing consistent, effective, timely care within and across organisations:

- During the inspection we observed staff responding to people when they required support. A healthcare professional said, "Staff are always available to help and come with me when I see residents."

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

- The service was appropriately adapted for people living with dementia. There was pictorial signage around

the home. Pictorial signage helps people to visualise certain rooms and items, if they are no longer able to understand the written word. People's bedrooms were personalised with people's own furniture and familiar belongings to help them feel at home. The provider was continuing with their programme of refurbishment and during this visit we saw some communal areas had been painted and re-decoration of other areas was planned.

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

- Health care professionals regularly visited the home to support people with healthcare. A visiting healthcare professional told us they had no concerns about the service and said, "Staff are kind and I love coming in here." A relative told us, "Staff always keep us up to date."
- The service had champions in various subjects and the oral health champion had acquired a model set of teeth with which they held sessions with staff on the most effective way of supporting people with teeth cleaning.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- The registered manager had submitted DoLS applications to restrict people's liberty. People were not restricted unnecessarily and moved freely around the service. Whilst we saw evidence of DoLS authorisations the registered manager was in the process of creating an overview so they could identify at a glance when authorisations were due to expire.

Is the service caring?

Our findings

Caring – this means 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:

- People we spoke with told us they received a good quality of care and told us the care staff treated them in a kind and caring way. One person told us, "I am very happy with everyone here, staff are helpful and they are a terrific crowd. It really is a nice place." Another person said, "They are great and look after me well." A relative said, "Very friendly and happy staff."
- Staff were caring and attentive. They were polite, respectful and kind and showed compassion to people in their care. People were relaxed in the company of staff and enjoyed the attention they received from them.
- Staff enjoyed working at the service and it was evident they were fully committed to people who lived there. One staff member said, "I really like it here, one person calls me Nan and another one calls me Mum. We know them all really well."
- Staff were skilled in recognising what people needed. During the meal observation one person was becoming distressed because the window was open, but other people told the person they wanted the window to remain open. A staff member quickly suggested to the person they could move tables to be way from the window and this meant the person was more comfortable.
- Where people were unable to communicate verbally, staff observed body language, eye contact and simple signs to understand what the person was trying to communicate.

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

- People could make choices about their care. People told us they chose how and where to spend their day and what they would like to do. Staff were heard asking people their views and opinions about their care. A relative told us, "We discuss everything with [registered manager] weekly."
- Most people came into the dining room independently and made a choice about what they wanted to eat. When one person could not make up their mind when asked verbally, they were shown both choices and then immediately made a choice when shown the two options.
- The registered manager had details of local advocacy services if this was needed.
- People's care plans contained information about people's religious and cultural needs.

Respecting and promoting people's privacy, dignity and independence:

- The staff understood how to respect people's privacy and dignity. People who used the service told us the staff always ensured their privacy and dignity were maintained while they were receiving personal care. Staff knocked on people's doors prior to entering and maintained people's dignity when it was necessary. One staff member told us, "When we are in people's rooms we shut curtains and doors, and only wash what

people cannot do for themselves."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

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

Personalised care:

- People had their needs assessed before coming to live at the home. People were involved in this process and consulted about their wishes, routines and preferences as well as their needs. Care plans we looked at were personalised to the individual. For example, one care plan stated the person liked staff to write things down to aid communication and when we spoke with staff they were aware of this. The registered manager was in the process of reviewing all care plans to ensure that they contained information that was important to people.
- Staff told us they were kept informed of people's plans via handover in which they discussed any changes so people continued to receive the care they needed. Staff told us they had access to the electronic care planning system at all times.
- Care plans were updated with changes in people's needs and reviewed on a regular basis.
- There were a range of activities for people to enjoy such as music, board games, art and crafts and exercise. During the inspection people were having their nails painted in the main lounge and were offered a choice of colours. Another person was playing a board game and other people were sitting chatting to staff and relatives.
- The service had two lounges, one with the television on and a quieter lounge with music playing. Staff offered people choices of where they would like to be.
- The service had just recruited a new activity organiser and the registered manager told us they were supporting them in their new role.

Improving care quality in response to complaints or concerns:

- People and relatives told us they were confident to speak to staff if they were unhappy about anything. One person told us, "I have no complaints, they are very good and do what they can for you." A relative said, "When there is a complaint, they try and sort it out."
- Where complaints had been made the provider had investigated these and acted. For example, one complaint was the discolouration found in toilets. The registered manager immediately changed their toilet cleaner and this had improved.

End of life care and support:

- Care plans seen confirmed people's end of life wishes had been discussed with them and recorded so staff were aware of these. This meant the service knew people's preferences for end of life care.
- At the time of our inspection visit no one living at the home was receiving palliative or end of life care.
- A staff member told us their relative had lived at the service and said, "My [family member] was here for 18

months, when I walked out of the door I felt completely comfortable leaving them with staff. The support when my [family member] was dying was excellent and everything was put into place. They did for me the same as they would do for any relatives."

Is the service well-led?

Our findings

Well-Led – this means 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 with openness; and how the provider understands and acts on duty of candour responsibility:

- People, relatives and staff knew the registered manager well and told us they could approach them with anything.
- The registered manager understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities and independent investigations were carried out.
- The provider had carried out some works in relation to their refurbishment plan and more work was planned.

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

- Various audits were completed internally to monitor service provision. For example, audits were completed to monitor quality of care plans, medicines management, infection control and health and safety.
- The registered manager carried out night visits to ensure standards were maintained for people using the service at night.
- It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. While the provider did not have a website, the rating was displayed within the service. This meant people, relatives and visitors were kept informed of the rating we had given.
- Fire safety equipment, electrical installations and gas appliances were maintained to ensure they were safe for people. Systems were in place to report any faults so repairs could be dealt with promptly.

Engaging and involving people using the service, the public and staff:

- The service had recently sent out questionnaires for people, staff, relatives and professionals and were waiting for these to be returned. We looked at the survey completed in 2017. People and relatives had asked if they could be made aware when professionals such as the chiropodist or optician were visiting. The service now used posters to display the date and who was visiting.
- People, relatives and staff told us they were happy with the service. One person said, "Overall very good." A relative said, "Overall no problems, staff turnover can be high, but regular staff are very friendly and helpful."
- Staff spoke highly of the registered manager and of each other. One staff member said, "Since [registered manager] has been here it is the best it has been. If they [registered manager] see something is not right they

will get it sorted. They are very understanding and in touch with the residents." Another staff member told us, "Team work is good, everybody gets on and the registered manager is so supportive. We do have meetings so we get to know what is going on."

Continuous learning and improving care:

- The registered manager and the staff team attended training sessions that were available with the local authority to keep them up to date with best practice.
- The registered manager monitored staff regularly through competency checks to identify where staff skills and knowledge needed to be improved.
- A community matron visited the service weekly and delivered training sessions to staff when a need was identified.

Working in partnership with others:

- The service maintained good working relationships with outside organisations such as GPs, district nurses, the mental health team and social workers.