Chigwell Homes Ltd

Marcris House

Inspection report

Coopersale Lane
Theydon Bois
Epping
Essex
CM16 7NS

Tel: 01992814276

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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 took place on 23 June 2016. Marcris House is a care home that provides accommodation and personal care provides accommodation and care for up to 32 people who do not require nursing care.

A registered manager was in post at the 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.

There were sufficient staff who had been recruited safely and who had the skills and knowledge to provide care and support in ways that people preferred.

Staff had received training in keeping people safe and they knew how to raise any concerns if they suspected someone was at risk of abuse or harm. Staff understood the risks people could face day to day and how they needed to ensure their safety.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider had followed the MCA code of practice in relation to DoLS.

People knew how to complain and felt confident their concerns would be listened to and people's complaints were valued and used to improve the service.

People's medicines were managed safely, staff received training and the registered manager took prompt action in response to feedback from external pharmaceutical audits.

There were enough staff to meet people's individual needs, and staffing was adjusted when people's needs changed.

There were systems to monitor and improve the quality of the service. Checks were carried out to ensure care was delivered safely and effectively.

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.

People were protected from abuse.

Risks associated with people's care were managed to help ensure their freedom was supported and respected.

People told us there were enough staff to meet their individual needs.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff were aware of the key requirements of the Mental Capacity Act and Deprivation of Liberty safeguards to ensure that people were not having their freedom restricted in an unlawful manner.

Staff were trained to meet people's needs.

Supervisions, competency checks and appraisals of staff were carried out to make sure that staff provided effective care and support to people.

People's health, nutritional and hydration needs were met.

Is the service caring?

Good

The service was caring.

Staff were kind and respectful in the way that they supported and engaged with people.

Staff respected people's privacy and dignity.

Staff encouraged people to make their own choices about things that were important to them.

Is the service responsive?

Good

The service was responsive.

People's choices, views and preferences were respected and taken into account when staff provided care and support.

People were supported to take part in regular activities both in the home and the community. This included keeping in contact with friends and family.

People knew how to complain and share their experiences. There was a complaints system in place to show that concerns were investigated, responded to and used to improve the quality of the service

Is the service well-led?

Good

The service is well led

There was an open and transparent culture at the service. The management team were approachable and a visible presence in the service.

Staff told us they were encouraged and supported by the manager.

There were systems to monitor and improve the quality of the service. Checks were carried out to ensure care was delivered safely and effectively.

Marcris House

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.
This inspection took place on 23 June 2016 and was unannounced. The inspection team comprised of one inspector.

Before this inspection, the provider completed a Provider Information Return (PIR). This 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 looked at all of the key information we held about the service. This included notifications the provider had sent us. A notification is information about important events, which the provider is required to send us by law.

During the visit we spoke to seven people who used the service, one relative, and five staff members including the registered home manager and the regional manager and contacted two health care professionals for feedback. There were 29 people using the service.

Some people could not tell us about what they thought about the home as they were unable to communicate with us verbally therefore we spent time observing interactions between people and the staff who were supporting them. We used the Short Observational Framework for Inspection (SOFI) which is a specific way of observing care to help to understand the experience of people who could not talk with us. We wanted to see that the way staff spoke and interacted with people had a positive effect on their well-being.

We looked at the care records of four people who used the services and checked files and records of four care staff members. Other documents checked relating to people's care included risk assessments, medicine records, relative and residents meetings minutes as well as health and safety documents.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service, their comments included, "I feel very safe here." And, "They walk with me, as they know I can be unsteady." A relative told us, "Since [relative] has been here I have actually been abroad, because she is safe."

People were protected from abuse because staff had a good understanding about what to do should they suspect someone was being abused, mistreated or neglected. Policies gave staff guidance to follow and training and supervision helped to underpin their knowledge.

The registered manager worked in positive collaboration with other agencies when concerns had been raised to help ensure the best outcome for people. One staff member told us, "I listen carefully to people and report anything worrying to the manager or seniors." Staff were also aware of who to report any concerns to externally.

Risks associated with people's care were effectively managed to help ensure they were protected and their freedom supported. People had risk assessments in place to provide guidance and direction for staff about how to support people correctly. For example, people had risk assessments on file for skin integrity, mobility, falls and nutrition.

During this inspection we noted that there were areas of the service that could present as a hazard to people particularly areas such as a section of corridor with floors that sloped, but during our inspection we observed that people were walking confidently and those that required support were accompanied by staff. The manager told us that a refurbishment programme had started but there were still areas of the home that required refurbishment including replacement windows and redecoration. On the day of our visit a leak was found in a bedroom ceiling but a contractor had already arrived to make repairs.

People had personal emergency evacuation plans (PEEPS) in place to help ensure emergency services would know how to correctly support them, for example in the event of a fire. The manager also kept an 'at a glance' fire list that recorded current dependency levels and support that might be required to move people safely. The provider had an emergency contingency plan, which provided details to the registered manager and staff of what action they would be expected to take in the event of a flood, electrical failure or staffing shortages. This meant people would not be adversely affected and their care and support would continue.

The premises and equipment were maintained to ensure people were kept safe. For example, checks had been carried out in relation to fire, electrical installation, lifts and hoists.

There were sufficient staff to meet people's needs. Call bells were answered in good time. One person told us, "There is enough staff." Another person said, "There is enough for me." At lunchtime there were sufficient members of staff in the dining and lounge areas serving and assisting people with their food as required. Staff did not seem rushed and remained calm and attentive to people's needs. One relative told us, "Yes, on the whole there are enough staff."

Safe recruitment processes were in place for the employment of staff. Relevant checks were carried out as to the suitability of applicants before they started work in line with legal requirements. These checks included taking up references, obtaining a full employment history and checking that the member of staff was not prohibited from working with people who required care and support

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them. People's medicines were stored safely and securely and given to people in a safe and appropriate way. We observed a senior member of staff completing the medication round.

The staff member was competent administering people's medicines and made sure that they sat with people while they took them, the senior member of staff spent time with one person encouraging them to take their medicines one at a time, a choice of fluid was provided to support people to take their medicine in comfort and people were given enough time to take their medicines without being hurried .

When people had medicines prescribed on an 'as required' basis, for example for pain relief, there were clear protocols in place to guide staff so that they could recognise and respond to signs that the person needed their medicine.

Records of medicines administered confirmed that people had received them as they had been prescribed by their doctor to promote good health. Regular medicine audits were carried out. It was noted that fridge temperatures occasionally went out of the recommended range. The senior told us what they did when this happened but unfortunately these actions had not been recorded on the temperature sheet.

We viewed a recent medicines audit from the West Essex Clinical Commissioning Group which contained action points and guidance.Most of the action points had been addressed.

Good

Is the service effective?

Our findings

The people we spoke with talked positively of the staff that assisted them and had their day to day health needs met, one person told us, "The doctor came yesterday and gave me a thorough check up." People had regular access to healthcare professionals such as GPs, chiropodists, district nurses, opticians and dentists.

We found that staff had a good awareness of people's needs and were able to demonstrate that they understood how to provide appropriate care and support to meet those needs effectively. A care home practitioner who supports staff with various education sessions on hydration, pressure care, continence and catheter support, falls risk and end of life care planning told us that staff will approach them with questions relating to a person or in general, and the care staff were sufficiently skilled to meet the needs of people they care for.

Staff told us they felt skilled to meet the needs of the people in their care. One staff member said "There is on line training but also face to face, I did a session recently at the hospital about hip replacements and learnt a lot." Staff received regular training to make sure they knew how to meet people's needs. Additional training was completed in relation to dementia, equality and diversity and end of life care to meet people's specific needs. New staff completed an induction programme. They worked with more experienced staff until they had been assessed as competent to work on their own.

Staff told us they felt supported in their roles and received regular supervision and guidance. They described the manager as approachable, supportive and friendly. Regular team meetings also provided staff with additional support and guidance. Staff said "I feel supported not just by the manager but by all staff."

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 interest 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 interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called 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 were being met.

The home had made some applications to the supervisory body for consideration of legally depriving people of their liberty. Mental capacity assessments had been completed but these were kept in a separate file and not with the person's individual file. The manager told us she was in the process of reviewing all the capacity assessments and would then file them individually. The manager also told us she was aware that she needed to make further deprivation of liberty applications and she was in the process of completing these.

The people we spoke with who used the service told us they liked the food the service prepared and that they were offered choice. One person told us, "the food is good." Another person said, "It is pretty good, all homemade and I choose what I want for lunch. "Throughout our inspection we saw that people had access to a choice of drinks.

We saw that there were enough staff to assist people to eat and drink either on a one to one basis or as required. The staff members we observed assisting people on a one to one basis made sure the person received a positive experience. Staff were attentive, offered encouragement and assisted people at an appropriate pace. People who chose to eat in the lounge were provided with height adjustable tables so they could eat in a comfortable position.

Staff knew people's likes and dislikes including their preferred portion size. If people wanted an alternative, these were always available. For example, one person wanted an alternative to the choice offered and the staff member immediately went to the kitchen to get the person an alternative. The staff member told us, "[Named] only likes certain foods, particularly ham so we just go to the kitchen and get what she wants."

We spoke to the chef who told us the menus were pre-planned and involved people living in the home. The chef who had good knowledge of specialist diets and action to take if people were identified as being at risk of malnutrition. The chef knew people well and came into the lounge to talk to people, staff and relatives, he knew people by name and they knew him. We looked at a recent environmental health visit and checked that all actions points had been addressed.

The home was made up of an original building and throughout the home the décor was very tired, but it was evident that the provider had started a programme to improve this to make it a more pleasant and appropriate environment for older people including those with dementia. Dementia friendly design principles such as signage, orientation aids and items of interest had also been added.

We also observed that some bedrooms had been redecorated completely and new lounge chairs provided but there were still some areas that required redecoration. The bathrooms although clean were very clinical and functional, the manager told us that bathrooms were also due for redecoration.

The garden areas also required work as they were overgrown and untidy, the manager told us that a gardener had recently been recruited and was due to commence work in a few days' time. We recommend that the provider continues with the planned renovation work at the earliest opportunity.

Good

Is the service caring?

Our findings

People described the staff as friendly and caring. All the people we spoke with agreed that the staff took time to talk to them. One person said, "They are very good, all of them".
Another person told us, "I get on very well with the staff." A third person said, "They do their best."
A relative told us, "The girls are lovely, it is like [Named relative] is their Mum."

Staff treated people with respect and kindness. For example, staff addressed people with their preferred name and spoke with respect. People responded to this by smiling and engaging with staff in a friendly way. Staff demonstrated they knew the people they supported. They were able to tell us about people's preferences and personal histories. Staff spent time speaking with each person individually. A staff member handed a person a doll and the person kissed the doll and held it tight. People enjoyed the conversations and responded positively whilst chatting.

Interactions showed staff were patient and did not rush when meeting people's needs. People were given clear explanations of what was about to happen. For example a person was assisted to move using a hoist, a screen was placed around the person to respect their privacy and dignity but we could still hear the staff telling the person what was happening and reassuring them.

Staff understood how to promote and respect people's privacy and dignity, and why this was important. Their responses to our questions demonstrated positive values such as knocking on doors before entering, ensuring curtains were drawn, covering people to protect their modesty when providing personal care and providing any personal support in private.

People were involved in making day to day decisions. For example, staff took a person into both the television lounge and the quiet lounge and asked them where they would prefer to sit. Staff knelt down next to people and spoke kindly and gently.

People were supported to maintain relationships that were important to them. They told us that when they had visitors the service always made them feel very welcome.

A relatives meeting had been arranged on the day of our inspection with posters clearly displayed, the manager had included a cream team to have after the meeting, unfortunately no relatives turned up for the meeting, but people from the service still enjoyed the cream tea.

Staff had a good understanding of confidentiality. Staff did not discuss people's personal matters in front of others. All records containing confidential information were kept securely.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People we spoke with expressed no concerns about the way care was planned and delivered and were very satisfied with the service being provided. Assessment procedures were in place to make sure that the home could meet people's needs. Before a person was accepted for a placement at the home, an assessment of their needs had been carried out.

On admission assessment tools and risk assessments were completed and used to develop an individual care plan for each person. Care plans we looked at were up to date and reflected people's needs.

During the inspection we spoke with staff who were knowledgeable about the care and support that people received. We found that the staff made sure the home worked to meet the individual needs of each person. We saw records to confirm that people had health checks and were accompanied by staff to hospital appointments. We saw that people were regularly seen by their clinicians and when concerns arose, staff made contact with relevant healthcare professionals.

One person told us "I know who the manager is [Named manager], I know I could make a complaint to her if I needed too". The registered provider had a complaints and compliments procedure in place which gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the registered provider's response.

We saw a record of two complaints that the registered provider had acted upon and successfully concluded. We also saw that a number of compliments had been recorded.
One complaint was about the bumpy drive that the handy man had raked to improve the surface. The manager explained that due to the weather this did not last long and they were trying to find a longer term solution to improve the condition.

The staff we spoke with understood the importance of involving people in appropriate activities which helped people feel involved and valued. Staff told us activities were based on people's preferences. A program of activities was provided with outside entertainers visiting the home, these being advertised to people in reception.

Staff provided activities for people such as bingo, board games, card games and taking people out into the community on occasions. We noted that throughout the day, music of people's era was playing in the background.

People we spoke to held mixed views about whether there was enough to do, one person told us, "Yes we have activities and we go out, there is enough to do." Another person told us, "There is keep fit and dancing but not much else." The provider told us that they were advertising for a dedicated activities co-ordinator to develop activities further.

Good

Is the service well-led?

Our findings

The home was run by a registered manager who was supported by the regional manager. People and staff were aware of the management team. A health care professional told us, "I find the manager to be very approachable and knowledgeable about the residents in the home and witness that she is caring and supportive to residents and to the staff in the home." A relative told us, "The manager is very approachable, the home is a bit old fashioned but it suits my [Named relative]." A staff member said, "The manager is very hands on if we need help."

The registered manager was aware of when to send us a statutory notification to tell us about important events which they are required to do by law. People were involved in the running of the service and meetings were carried out with people giving them the opportunity to tell the provider about their experience of using the service. There was a system in place to seek feedback on the quality of service provided. A survey had been carried out involving feedback from relatives, people living at the service and professionals, one comment stated, "Staff members are excellent and well led by [Named manager]." The manager told us as a result of feedback she had advertised for an activity co-ordinator.

The registered manager facilitated regular staff meetings for all staff. One staff member told us, "We have regular meetings when we can discuss things, I have completed a team leadership course and staff know they can come to me at any time."

There was a positive culture at the service that was open and inclusive. Staff told us that they could always approach the management team who were open to suggestions and there was good open communication. The staff we spoke with had a good value base, with a good morale reported amongst the staff team as a whole. One staff member told us, "We have a good team and we communicate really well. I am happy working here." Another staff member told us, "We are caring here and our teamwork is good."

There was a system in place for recording and monitoring accidents and incidents. Incidents were recorded appropriately and an overview was in place to monitor incidents, identify any trends and learn to avoid future occurrences.

Quality monitoring systems were in place to monitor the quality of the service provided within the home. These checks included, but were not limited to; health and safety, care practice, and the management of people's prescribed medicines.

A quality monitoring audit was carried out by the local authority in May 2016 and Marcris House received a 'good' rating.