

# Parkcare Homes (No.2) Limited

# Marshlands

## Inspection report

Dennes Lane  
Lydd  
Kent  
TN29 9PU

Tel: 01797320088  
Website: [www.craegmoor.co.uk](http://www.craegmoor.co.uk)

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Marshlands is registered to provide accommodation and personal care for 18 younger adults and older people who have learning difficulties and/or have adaptive needs due to autism. It can also support people who live with dementia and/or who need help to maintain their mental health.

In practice, the service can only accommodate 13 people. This is because the number of bedrooms has been reduced to allow parts of the accommodation to be remodelled. At this inspection there were 12 people living in the service.

### People's experience of using this service and what we found

The service applied the principles and values of Right Support, Right Care, Right Culture and other best-practice guidance. These ensure people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support, Right Care, Right Culture by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The service was a larger home, bigger than most domestic-style properties. It was registered for the support of up to 18 people. This is larger than current best-practice guidance. However, the size of the service having a negative effect on people was reduced by the way the building was used. There were no obvious identifying signs, intercom, cameras, industrial waste bins or anything else to indicate it was a care home. Two people had their own self-contained flats and more flats were going to be created.

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

Staff recognised that people had the capacity to make day to day choices and supported them to do so. People were encouraged and supported to be independent. People were engaging in the community including going shopping and enjoying leisure activities.

People were happy living at the service. Comments included, "I like the staff and we get really well because they help me do what I want." A relative said, "I'm completely confident my family member is safe and well at Marshlands."

People were safeguarded from the risk of abuse and received safe care, support and treatment from staff who knew how to manage potential risks to health and safety.

Support plans described what people were able to do for themselves and what assistance they needed to promote their independence whenever possible. People were involved in reviewing the support they received and in setting any personal goals they wanted to achieve.

There were enough trained and experienced staff on duty and safe recruitment practices were followed.

Infection was prevented and controlled including risks associated with COVID -19.

Quality checks had been completed and people had been consulted about the development of the service. Regulatory requirements had been met, good teamwork was encouraged and joint working was promoted.

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

Rating at last inspection

The last rating for this service was Good (published 19 October 2018).

Why we inspected

We undertook this focused inspection to gain an updated view of the care and support people received. This was a planned inspection based on the previous rating. This report only covers our findings in relation to the Key Questions 'Safe' and 'Well-led'.

We looked at infection prevention and control measures under the 'Safe' key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infectious outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from the previous comprehensive inspection for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains as Good. This is based on the findings at this inspection. Please see the 'Safe' and 'Well-led' sections of the full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Marshlands on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Marshlands

## 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 registered 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Marshlands is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. The service is required to have a registered manager because they and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided. The former registered manager left the service in September 2020. An interim manager had immediately been appointed to oversee the service until the present manager took up their post in January 2021. The new manager had promptly applied to CQC to be registered.

#### Notice of inspection

We gave a short period notice of the inspection to check if the service had active cases of COVID 19. Also, many of the people living in the service benefited from knowing in advance we would be calling to their home.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the registered provider sent us in the provider information return. This is information registered providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We spoke by telephone with two relatives who gave us their views on the service. We used all this information to plan our inspection.

During the inspection

We spoke with five people who lived in the service and observed some of the care two more people received in communal areas. We spoke with three care staff, the deputy manager, manager and operations director.

We reviewed the care and support plans for three people. We also looked at records relating to the management of medicines, recruitment and staff deployment, health and safety and infection prevention and control.

After the inspection

We continued to seek clarification from the registered provider to validate evidence found. We looked at audits and key policies and procedures.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to protect people from abuse. They had received training about keeping people safe. Staff described what abuse meant and told us how they would respond and report if they witnessed anything untoward.
- Staff said the management team were approachable and always listened and acted when necessary, so they would have no hesitation in raising any concerns they had. Staff also knew how to raise and report concerns outside their organisation if necessary.
- Posters and information were on display around the service telling people about how to stay safe. This information was in an easy-to-read form to help people understand.
- Relatives said their family members were safe. A relative said, "My family member has caring staff around them who want the best for them. The staff in Marshlands are genuinely committed to doing their best for the residents otherwise they wouldn't do it."

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing had been assessed and well managed. Staff provided safe care, support and treatment by reducing risks to health and safety. There was detailed guidance for staff to follow when assisting a person who needed to use a hoist to transfer. Care and support were also provided for people at risk of developing pressure ulcers or who needed help to promote their continence. Other people received assistance to eat and drink safely by having their food and drink modified so it was easier to swallow.
- Care and support was provided in a safe setting. Contractors had serviced equipment including the hoist, gas and electrical appliances. Water temperatures were controlled and radiators were guarded to reduce the risk of scalds and burns.
- The service was fitted with a modern fire safety system to detect and contain fire. Checks had been completed on the fire equipment to make sure it remained in good working order. Each person had an evacuation plan describing the support they would need to leave the building in an emergency.

Staffing and recruitment

- Staff had been recruited safely to ensure they were suitable to work with people. The registered provider had carried out checks to explore each applicant's employment history and had taken up references before

they started work.

- There were suitable numbers of staff to provide the care and support people needed. Assessments of staffing levels had been undertaken to ensure there was adequate staff to meet people's needs. There was a relatively high use of agency staff but steps had been taken to integrate them into the main staff team. This included providing agency staff with induction training and having the same staff sent to the service whenever possible.
- There were handover meetings between shifts to update staff about developments in the care and support each person needed. Each person had their own keyworker who took a special interest in helping them. Two people who needed extra support had their own core staff teams to promote consistency in the support they received. People were comfortable with staff and there was a lot of chatter and laughter throughout the inspection.
- Relatives said staff knew their family members well. A relative said, "There's no doubt the staff know my family member really well. If they didn't it would be immediately obvious as my family member would become very unsettled, very quickly."

#### Using medicines safely

- Medicines were securely stored and kept at the correct temperature to ensure they worked properly. People's medicines were regularly reviewed by their doctor and other health professionals.
- Medicine administration records were completed showing people had received their medicines as prescribed. Medicines records and stock levels were regularly audited.
- Staff had been suitably trained and correctly followed the arrangements in place to ensure people received routine prescribed medicines. Competency checks were in place to make sure staff practised safe medicines administration.
- Some people needed to receive discretionary (PRN) medicines. These could be used as and when necessary to help a person if they were upset or in pain. Staff were correctly following written guidance to make sure these medicines were used at the right time and in accordance with maximum dosage instructions.

#### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

#### Learning lessons when things go wrong

- Slips, trips and falls were analysed to see what had gone wrong and what needed to be done about it. An example was identifying the locations when people had fallen so the causes could be identified.
- When things had gone wrong action was taken to reduce the chance of the same thing happening again. When necessary advice had been obtained from healthcare professionals. Practical things had been done including moving furniture in a person's bedroom so there was less chance of the person tripping over.
- Some people could become distressed and be a risk to themselves and others around them. The service benefited from having a Positive Behavioural Support consultant. They worked with staff to understand why each person became distressed and to develop ways of effectively reassuring them.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives knew the manager and felt that there was an open culture. Relatives told us they would recommend the service to others. Relatives' comments included, "I want to emphasise how well the service has met my family member's very special needs for care. Other placements haven't worked but Marshlands has because the staff quite simply know what they're doing and work as a team."
- The service accommodated more people than is recommended by the guidance in Right Support, Right Care, Right Culture. The guidance recognises that it can be more difficult to create homely spaces in a larger building because of their size and design. In Marshlands several things helped to make the accommodation more homely. Each person had their own bedroom they had been encouraged to furnish and decorate as they wished. The lounges were not large and imposing and some artwork was used to promote a homely feeling. Two people had their own self-contained flats. The operations director said more flats would be created as the service increasingly moved away from providing conventional residential care in shared/communal spaces.
- Staff said the manager encouraged a culture of openness and transparency. Staff felt well supported by the management team.
- The registered provider's statement of purpose said the service's main aim was promoting independence within a safe and enabling setting. It was clear from the experiences of people living at the service and our observations the registered provider was meeting their aims and objectives for the service with the examples of person-centred support and care highlighted in this report.

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

- The law requires registered providers to follow a duty of candour. This means following a significant untoward incident, the registered persons must provide an explanation and an apology to the person or their representative, both verbally and in writing.
- The manager and operations director understood their responsibilities under the duty of candour. No incidents under the duty of candour had recently occurred in the service.

- The manager had consulted guidance from CQC and there were systems and processes to identify and quickly respond to significant incidents under the duty of candour.

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

- Staff had been supported to meet regulatory requirements. They had been provided with up-to-date written policies and procedures to help them to consistently provide people with the right assistance. This included updated information from the Department of Health about the correct use of equipment, medical devices and medicines.

- Staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. They were confident the manager would quickly address any 'whistle-blowing' concerns about a person not receiving safe care and treatment.

- Services providing health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The manager had submitted notifications to Care Quality Commission in an appropriate and timely manner.

- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The last inspection rating was prominently displayed at the main entrance, as well as being displayed on their website.

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

- People were invited to regularly meet with staff to comment on their experience of living in the service. Records showed everyone had been given the opportunity to be involved. Discussion topics included keeping safe, how to complain, going out into the community and any other subjects important to people. Suggested improvements had been acted upon an example being the introduction of a new -picture-based menu.

- The registered provider invited relatives and staff to complete an annual survey to give feedback about their experiences of visiting and working at the service. The feedback received was consistently positive

- Health and social care professionals had also been invited to comment about the service. Their feedback did not indicate any concerns about the care, support and treatment provided in the service.

- Staff said they were able to share their ideas and felt listened to. There were regular staff meetings used to share information and to discuss the operation of the service. The registered provider regularly corresponded with staff via email. Staff said this had been particularly valuable during the COVID-19 pandemic to update them about developments in infection prevention and control.

Continuous learning and improving care

- The manager completed quality checks to ensure people reliably received safe care, support and treatment. These checks included reviewing care and support plans and auditing records relating to accidents, health and safety, medicines management, safeguarding and infection control.

- When issues had been identified records showed actions had been taken to put things right.
- The manager and deputy manager had periodically called unannounced to the service out of hours to double-check people were safe and well supported.
- The operations director supported the manager by carrying out checks of the service on a monthly basis. These checks included, talking with people, staff, checking records, checking the building and general observations.

#### Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent care and treatment. This included liaising with doctors, nurses and specialist practitioners such as speech and language therapists and dietitians.
- The manager regularly attended meetings with managers of other services organised by the operations director. These meetings were used to share information about national developments in best-practice guidance and solutions found to problems in other services.