

Marley Court Nursing Home Limited

# Marley Court Nursing Home Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Marley Court Nursing Home is a purpose-built nursing home that was providing personal and nursing care to 43 older people at the time of the inspection. The service is registered for up to 49 people.

People's experience of using this service:

The service met the characteristics of requires improvement in two of the five key questions. Therefore, our overall rating for this service remains requires improvement.

At the last inspection we found two breaches of legislation relating to recruitment and care plans not always reflecting people's needs and the service was rated as requires improvement.

At this inspection we found improvements had been made to recruitment processes. We also found that improvements had been made to assessments and care plans, but some documentation contained inconsistencies and some written records were difficult to read. We recommended that the provider ensured records were always clearly and consistently recorded. There was also a lack of information documented around how often some people required positional changes. We recommended that the provider sought guidance to ensure systems around recording related to pressure care were in line with best practice.

We found issues with infection control in the laundry. This was addressed as a concern with the provider and was dealt with immediately on inspection. We found the rest of the home to be exceptionally clean and tidy.

People told us generally that staffing levels were appropriate and staff responded in a timely way to people's needs. However, we observed some people that required assistance with their meals on the first floor had to wait long periods for staff to become available. We raised this with the provider and they told us that they would look at the way they deployed staff over the lunchtime period.

Although people we spoke with told us they had no concerns about the service, we saw that complaints recorded were not always managed consistently.

There were also good practices within the service such as medicines, which were being managed safely. People liked living in the service and the home had a warm, friendly atmosphere. People told us they felt safe. They were protected from abuse and discrimination.

Staff told us they received a comprehensive induction and had the right skills and experience. People told us the food was very good at the service and felt the chef was very accommodating, offering lots of choices. Staff had appropriate knowledge of the Mental Capacity Act (MCA) and appropriate Deprivation of Liberty Safeguards (DoLS) applications had been made. People told us the staff were very kind and thoughtful. We observed staff to be kind and caring. We saw they treated people with dignity and respect and were attentive to people's needs.

People had access to a range of stimulating activities co-ordinated by a staff member who was passionate about her role.

People were consulted about their care and families were involved in reviews. We saw evidence that reviews took place monthly.

There were management changes taking place at the time of the inspection as the previous registered manager had just retired. Appropriate interim arrangements had been put in place and a new manager was due to start. Audits were taking place and the staff told us they felt well supported by the senior management who visited regularly.

Rating at last inspection: The service was inspected 19 and 20 September 2017. The service was rated requires improvement.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Enforcement: Information relating to the action the provider needs to take can be found at the end of this report.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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 was not always safe.  
Details are in our Safe findings below.

**Requires Improvement** ●

### 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 was responsive.  
Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

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

**Requires Improvement** ●

# Marley Court Nursing Home Limited

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector, an assistant inspector, a nurse specialist and an Expert by Experience; the expert is a person who has personal experience of older people's services. A nurse specialist is someone who has a nursing background.

Service and service type: The service was a care home with nursing. Marley Court 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's manager who is registered with the Care Quality Commission had just retired and a new manager had been appointed. Once registered 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:

The inspection was unannounced.

#### What we did:

Before our inspection we reviewed all the information we held about the service and completed our planning tool. This included notifications that the provider had sent us. A notification is information about significant events which the provider needs to send to us by law. We also contacted Lancashire County Council and Lancashire Health watch to seek their views about the service. Health watch is the independent

national champion for people who use health and social care services.

During the inspection, we spoke with three people who lived at the service and five relatives. We spoke with the deputy manager and one of the directors of the company who owned the service. We also spoke with three members of care staff, a domestic staff and the activities coordinator. We looked at six people's care records and medicines administration records. We also looked at a range of records relating to the running of the service, including training records, quality monitoring records, complaints, staff recruitment and 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.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

### Staffing and recruitment

- At the last inspection there was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Fit and proper persons employed), relating to the safe recruitment of staff. At this inspection, we found that improvements had been made and all recruitment files we looked at contained photographic identification. We also saw that appropriate references had been sought.
- People told us generally that staffing levels were appropriate and staff responded in a timely way to people's needs. However, we observed some people who required assistance with their meals on the first floor had to wait long periods for staff to become available. We raised this with the provider who reassured us they would look at the way they deployed staff over the lunchtime period.

### Assessing risk, safety monitoring and management

- Risk assessments were in place to reduce the risks to people. However, we found some had not always been updated to reflect changes in people's needs. There was a lack of information around how often some people required positional changes and some risk assessments contained inconsistencies when compared to care plans.

We recommended that the provider seek guidance from a reputable source to ensure systems around recording related to pressure area care are in line with best practice.

- Feedback from relatives and professionals was positive. One relative told us, "The home has made risk assessments for my wife and have put things in place to ensure her safety. She has bed rails, they keep her bed at a 45-degree angle as she is PEG fed and that is what she needs and she is turned frequently to try to avoid bed sores." One nurse who regularly visited the home had no concerns around pressure care.
- We saw evidence of bed rails risks assessments and choking risk assessments. One relative told us, "They have assessed the risks associated to him. They have given him bed rails and they have also given him 1-1 support from 3 till 10 p.m. when he does wonder around a lot."

Moving and handling risk assessments all contained needs specific to each individual resident in terms of how many staff would be needed to assist and the role of the staff member.

- People told us they felt safe, one relative told us, "I feel [relative] is very safe here. When I come the nursing staff and care workers are very attentive to her needs. They turn her frequently and give her mouth care. If I have any concerns about her, I go to them and they attend to her straight away."
- Emergency plans were in place to ensure people were supported in the event of a fire.
- The environment and equipment was safe and well maintained.

### Preventing and controlling infection

- Infection control procedures were not always being followed in the laundry. This was addressed as a concern with the provider and was dealt with immediately on inspection. We found the rest of the home to

be exceptionally clean and tidy. People told us they were happy with the cleanliness within the home. One person said "I think it is a lovely home it is like a hotel. It is always clean and it is decorated well."

- All staff had received infection control training and were aware of their responsibilities in relation to this. We observed staff used protective equipment such as gloves and aprons.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. The provider had effective safeguarding systems in place and all the staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse.

Using medicines safely

- Medicines were managed safely. Staff had received appropriate training in medication and competency checks were in place.

Learning lessons when things go wrong

- The service had demonstrated learning from a specific incident regarding bed rails at another home in the group.
- We saw evidence of accidents and incidents that had been documented and analysed and appropriate actions taken to prevent a reoccurrence.



# 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.

### Staff skills, knowledge and experience

- Supervisions had not always been routinely taking place. We saw evidence of supervisions in response to incidents and complaints and staff told us that they felt they could approach management for support. We were assured that under the new manager, this would be addressed along with regular staff meetings to enable staff to receive appropriate support and opportunities for progression
- Staff received training which was effective and gave them enough information to carry out their duties safely. Mandatory training was three yearly, other than moving and handling and medication. However, from speaking with staff, they felt that refresher training would be beneficial, particularly in terms of Mental Capacity Act 2005 (MCA). Future training in palliative care, heart failure and motor neurone' disease had also been planned.
- Staff received a comprehensive induction and told us they felt well supported.
- Staff confirmed they were confident in the deputy manager.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- Where people did not have capacity to make decisions, they 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.
  - Assessments had been completed when people lacked capacity and a best interest meeting was used to agree the decision, these included professionals and people of importance to support this process. Appropriate DoLS applications were made.
  - Staff had received training in the MCA and consistently asked people for consent to ensure they were able to make daily choices.
  - We observed staff asking people for consent and people we spoke with confirmed this.
- Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were in place and care and support was reviewed regularly.
- Staff were aware of good practice guidelines and used them to support the delivery of care.

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

- The dining room experience was pleasant for people. People told us they were happy with the choice of food. The chef knew people and their preferences well.
- We saw evidence of appropriate referrals to external agencies, such as speech and language therapists and dieticians.
- People told us the food was good. People were supported to receive meals which met their dietary requirements, this included the appropriate texture they required to reduce the risk of choking. One person told us, "The meals are good. My wife doesn't always eat everything and she does have difficulty swallowing so now her food is pureed. She has to be fed by the staff if I am not visiting and they do that very appropriately. I am impressed by that. They know they must watch her and ensure she is safe. They know they must give her a good drink after food to make sure her mouth is clear."
- People were supported to be independent. For example, people who could eat independently were encouraged to do so and help was offered only when needed. People were encouraged to eat at their own pace and offered a choice of sitting at the table or preferring to remain in an easy chair.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives; Supporting people to live healthier lives, access healthcare services and support.

- People told us they had access to outside professionals should they need it. We saw evidence in care files to show that professionals had been involved in people's care and referrals had been made to a range of health care professionals when support was required.
- People had health passports which meant important information could be shared with health professionals.
- Staff responded to people's health care needs. One relative told us "The doctor is called whenever she needs him. If they phone, he always gets to the home the same day."
- People had access to appropriate healthcare.

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

- The accommodation met the needs of the people who lived there. People were encouraged to make their room personal with their belongings. One person told us, "The room is quite spacious and is comfortable. I have brought in some things from home to make the room more comfortable. And other person said," The home is very comfortable and I am happy with my room. The lounge has lots of chairs and there are a few quiet areas to sit'.

# 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; respecting equality and diversity

- Staff were kind and caring and treated people with respect.
- People told us staff treated them very well. They said, "There are lovely people here looking after me."
- We observed one staff member supporting an individual on a 1-1 basis. The carer was exceptionally patient and very gentle with the resident. The approach used was person-centred and the carer supported them in an empowering way, gently re-directing them when needed.
- Relatives felt their family members were well cared for. They told us, "The staff have got to know [relative] well and know what care she needs. They treat her with respect at all times and they ensure her dignity is kept intact by shutting the bedroom door whenever they are supporting her." Another relative said, "I cannot fault the staff, they are all so kind to her and demonstrate respect for needs. They all talk to her when they enter the room, even the cleaner. They ask how she is and chat away about little things that might interest her."
- Another person told us, "The staff are very kind and thoughtful. When my granddaughter comes in, they always make a fuss of her which make everyone in the family at ease and gives us a feeling of being welcome."
- We observed positive interactions with staff during our inspection. We observed staff to be compassionate, kind and caring.
- There were no restrictions for visitors to the service. People told us they could have their family members visit them whenever they wished.
- Policies were in place to guide staff around the importance of treating people equally and ensuring their rights were respected.

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

- People told us they felt involved in their care. One person told us, "If I am not happy with something, I mention it and they sort it out. They do listen to my views which I appreciate."
- People felt staff had taken the time to get to know them and they felt valued. They told us they had opportunities to express their views about the care they received.
- We observed staff supported people to make decisions about their day to day care.
- People felt communication was good within the service and they felt listened to. They told us, "The staff are very good, they are kind and pleasant and very polite. They will listen to me and chat."

Respecting and promoting people's privacy, dignity and independence

- People told us they felt their rights, preferences and dignity were respected. One relative told us, "The staff treat him with dignity at all times and they keep me fully informed about his wellbeing."
- People felt supported to be independent. One person told us, "I do need their help as I can't do much for

myself now but they encourage me to do small things like use my electric razor."

- One person described how the staff were always caring, even in difficult situations. We saw one staff member patiently calm a person down over the lunchtime period when they were becoming agitated. Another person told us, "The staff are very good and they are kind. They try very hard as I know I can be very difficult to cope with and I can be quite argumentative at times, but I cannot complain about them they do a very good job. They treat me with respect and they are always polite and ask permission before they support me. I appreciate that."
- All staff were aware of the need to maintain confidentiality.

# 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.

- At the last inspection we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Person- centred care.) This was due to care plans not always reflecting people's most recent needs. At this inspection we saw improvements had been made. However, we noted that some care records contained inconsistencies. Some written charts we looked at were also illegible. We recommended that the provider ensured that all records were recorded both clearly and consistently, in line with good practice guidance.

- People had assessments and care plans in place. Care plans were reviewed monthly. One relative told us, "I have been involved in my wife's care plan and since she arrived here last April, I have attended three review meetings."

- People told us they received support that met their individual needs. Relatives told us they were consulted about their family members care, one person confirmed, "I have been asked my opinion regarding my [relative]'s care as the situation has changed as now, he needs different care to when he arrived."

- People had access to a range of stimulating activities and told us that they were happy with the activities on offer. On the day of inspection, we observed people being serenaded by an accordion player and receiving chocolates for Valentine's day.

One person said, "I like the activities and I enjoy taking part in the baking as I did lots of baking when I was younger. They have entertainers who come in- like today we have the gentleman who has played the accordion. I do like the singers who come in very much. I am happy with the activities."

- The activities coordinator was passionate about her role and had encouraged all residents to contribute to an aspirations tree. This was a display of leaves on which all people had wrote something that they wishes to aspire to. She had also co-ordinated a Christmas pantomime for the residents, which staff took part in, demonstrating the staff's commitment to the resident's enjoyment in the home.

- Staff we spoke with were aware of people's diverse needs and protected characteristics such as age, disability and gender.

Improving care quality in response to complaints or concerns

- We looked at complaints and felt these were not managed as effectively as they could be. With some complaints we looked at, we could not determine what action, if any had been taken and if people were satisfied with the outcome. We addressed this with the provider.

We recommended that they ensure they document complaints more comprehensively to evidence what actions have been taken.

- No one we spoke with had any complaints about the service. One person told us, "I have never had a reason to complain. Everyone does the best they can for me."

- The home had a complaints policy and procedure and people knew how to access this. One person told

us, "I have never made a complaint, but I know I could go to the present manager and I know the complaints procedure is in all the information regarding the home when any one is admitted." Another person told us how their concern had been dealt with appropriately, "I had one concern once regarding my [relative]'s diet. The home called in speech and language and they got involved as she now finds it hard to swallow. The manager who has just left was very good, she knew everything about all the residents and I had some good meetings with her. The unit manager is also very involved in my [relative]'s care and if I had a concern I know I could approach that person. They would deal with my concern they always want to help as much as they can."

- End of life care and support
- The home had a policy and procedure for end of life care. Staff had received appropriate training and described how they cared for people with dignity and respect. One relative told us, "My [relative]'s end of life care has been discussed and everything is in place just as we want it."

# 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. Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Management changes were taking place at the time of the inspection. The previous registered manager had just retired and a new manager was due to start. Appropriate interim arrangements had been put in place and the deputy was in charge under the guidance and leadership of the senior management team.
- People were complimentary about the deputy manager and felt that she was approachable. Most people knew the registered manager had left. One relative told us, "I know the manager has left but I know who is looking after the home. I know her well, as she has cared for my wife. She is very friendly and approachable. She listens well when I have had concerns and she explain things well." Another person told us, "I know the deputy very well as she is in charge now. She has helped me a lot and explained things to me. She has been very supportive."
- Staff told us they felt well supported by the management. The deputy was hands on and had a good understanding of people's needs.
- The service understood the duty of candour and were aware of their responsibilities. The duty of candour means that services have a general duty to be open and transparent in relation to care.
- The culture of the organisation was described as open. Staff told us there was an open-door policy and they felt able to raise concerns.
- Staff told us they felt listened to and that the management was approachable. They told us how the director visited the home regularly to do spot checks.

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

- Formal staff supervisions were not always taking place. We saw evidence of supervisions in response to incidents and complaints and staff told us that they felt they could approach management for support. We were assured that under the new manager, this would be addressed along with regular staff meetings to enable staff to receive appropriate support and opportunities for progression
- Regular auditing had been carried out. The service carried out a variety of monthly audits, for example falls monitoring, care plan audits, weight report analysis, medication audits.
- Accidents and incidents were logged and lessons were learned.
- Policies and procedures covered all areas of the service and were available for staff to use as guidance in their day to day practice.
- Notifications about incidents that affected people's safety or welfare were sent through to CQC in a timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristic; Working in partnership with others

- Team meetings were not taking place regularly. There had been a recent team meeting to inform staff that the registered manager was leaving but prior to this staff had not had a staff meeting for some time. Prior to this staff had regular monthly team meetings. We discussed this with the provider who assured us that regular team meetings would resume once the new manager was in post. Following on from inspection we received confirmation that this had taken place.

- Although no recent service user or relative satisfaction surveys had been sent to people we saw evidence of previous feedback surveys. The provider assured us that they would ensure these were sent to people using the service and their relatives. This was confirmed following on from inspection. One person told us, "I can't remember any one asking me about how things could be changed in the home, but everything is already very good. I like it here I am very comfortable and well looked after."

- Resident and relative meetings were taking place every 6 months. However, not everyone was aware of these. One person told us, "I am not aware of any meetings or questionnaires." Another person told us that they had recently attended one, "We discussed activities and a problem with the laundry. I haven't had any feedback so I don't know what is going to happen." Generally, people felt communication within the home was good and they felt listened to.

- The service worked in partnership with other agencies and feedback from professionals liaising with the service was positive.

Continuous learning and improving care

- The service had learned from an incident that occurred in another of their homes.

- We saw evidence of accidents and incidents that had been documented and actions taken to prevent a reoccurrence.

- The senior management had oversight of the service and conducted unannounced spot checks to ensure standards remained high.