

Elizabeth House (Oldham) Limited

Marland Court

Inspection report

Marland Old Road
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Tel: 01706638449

Date of inspection visit:
25 April 2017
26 April 2017

Date of publication:
03 November 2017

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

We inspected Marland Court on the 25 and 26 April 2017. The first day of the inspection was unannounced. Marland Court is registered to provide accommodation for up to 24 older people who require personal care. There were 16 people using the service at the time of the inspection. The home is a converted and extended house situated in its own grounds in a quiet residential road; close to the main road that connects the towns of Rochdale and Heywood. There is adequate car parking to the front of the home.

We last inspected Marland Court on 25 June 2015 where we found the service was meeting all the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home did not have a manager who was registered with the Commission (CQC). There had been no registered manager in post since July 2016. A new manager had recently been appointed but had not started the process of registering with the CQC at the time of the inspection. A registered manager is a person who has registered with the CQC 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.

During this inspection we found there were eight breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Where regulations have been breached information regarding these breaches is at the back of this report. Where we have identified a breach of regulation which is more serious we will make sure action is taken. We will report on this when it is complete. Where providers are not meeting the fundamental standards we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service. When we propose to take enforcement action our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

The provider had failed to ensure the premises were kept clean and safe. This placed the health and safety of people who lived, worked and visited the home at risk of harm. There were unguarded hot radiators and pipes and some windows were without restrictors. This posed a serious risk of harm to people who used the service. The periodic gas safety check and fire risk assessment had not been undertaken by their due date and there were no records in place to confirm if the periodic inspection of the electrical installation had been undertaken. Following the inspection, action had been taken to address most of the safety issues and we were sent confirmation that the gas and electricity facilities had been serviced and the fire risk assessment had been undertaken. During the next inspection we will check if the outstanding safety issues have been addressed.

There were not enough staff on duty at all times to ensure that people were adequately supervised and cared for safely.

Medicines were not managed safely. The storage and disposal of medicines was not as safe as it should have

been and people were at risk of not getting their medicines in accordance with their needs and wishes.

The privacy and dignity of people who used the service was compromised. This was because there were no locks on toilet and bathroom doors and the bedroom of one person who was in hospital was being used by another person. Since the inspection we have been told that locks have been fitted to the toilet and bathroom doors. This will be checked on the next inspection.

Suitable and sufficient activities and community involvement were not provided to help promote people's well-being.

There was no effective system in place to assess, monitor and improve the quality and safety of the service. Some of the systems that were in place did not identify the issues of concern that we found on this inspection.

Although staff received the essential training necessary to enable them to do their job effectively and care for people safely we have recommended that the induction programme be improved. This will help to ensure staff are prepared for their role by assisting them to develop their knowledge, skills and understanding.

A complaints procedure was in place and readily accessible to people. It did not however document the CQC contact details; necessary to ensure that people, if they wished, were able to refer their concerns to CQC.

We found that suitable arrangements were in place to help safeguard people from abuse. Staff knew what to do if an allegation of abuse was made to them or if they suspected that abuse had occurred.

People's rights were protected as the manager knew the procedures to follow if people were to be deprived of their liberty. The manager had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

We saw people looked well cared for and there was enough equipment available to ensure people's safety, comfort and independence were protected. People told us they felt the staff were kind, helpful and caring.

People's care records contained enough information to guide staff on the care and support required. The records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk.

People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. People told us they enjoyed their meals. We saw that food stocks were good and people were able to choose what they wanted for their meals.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. The service will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

The provider had failed to ensure the premises were kept clean and safe. This placed the health and safety of people who lived, worked and visited the home at risk of harm.

There were not enough staff on duty at all times to ensure that people were adequately supervised and cared for safely.

Medicines were not managed safely. People were at risk of not getting their medicines in accordance with their needs and wishes.

Is the service effective?

Requires Improvement ●

The service was not always effective.

We have recommended that the induction programme in place for new staff be improved to ensure staff are prepared for their role by helping to develop their skills, knowledge and understanding.

People's rights were protected as the manager knew the procedures to follow if people were to be deprived of their liberty.

People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met.

Is the service caring?

Requires Improvement ●

The service was not always caring.

The absence of locks on toilet and bathroom doors and the occupancy of one person's room by another person compromised the privacy and dignity of people who used the service.

People told us they felt the staff were kind, helpful and caring.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

The limited amount of social and recreational activity provided did not help promote the well being of people, especially those people living with dementia.

The complaints procedure did not document the CQC contact details; necessary to ensure that people, if they wished, were able to refer their concerns to CQC.

People's care records contained enough information to guide staff on the care and support required.

Is the service well-led?

The service was not well-led

The home did not have a manager who was registered with the Commission.

Records that were necessary for the management of the home were not always in place.

There was no effective system in place to assess, monitor and improve the quality and safety of the service.

Inadequate ●

Marland Court

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 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.

We inspected Marland Court on the 25 and 26 April 2017. The first day of the inspection was unannounced.

Prior to the inspection we looked at the previous inspection report and information we held about the service and provider, including notifications the provider had sent to us. A notification is information about important events which the provider is required to send us by law. We also contacted the local authority commissioners, responsible for commissioning the service on behalf of individuals and their families; feedback received is included in the 'safe' section of this report.

During the inspection we spoke with two people who used the service, one relative, two care assistants, two visiting health care professionals, the manager, the previous registered manager who was working in the home, two care assistants and the chef.

As some of the people living at Marland Court were not able to tell us about their experiences, we spent some time observing interactions and support from staff to help us understand the experience of people who could not talk with us.

We looked around all areas of the home, looked at food provision, two people's care records, seven medicine administration records and the medicine management system, three staff recruitment files, training records and records about the management of the home.

Is the service safe?

Our findings

We looked at all areas of the home. The floor covering in one of the bedrooms and the carpets in two of the bedrooms and on the main staircase were in need of cleaning. Window ledges and paintwork in several bedrooms were not clean. We were told that the home did not have a domestic to undertake cleaning duties and that the care staff undertook these duties when they could. There were no cleaning schedules in place.

We saw also that it was not possible to open three of the bedroom windows to allow adequate ventilation; necessary for people's well-being.

One of the bedrooms was in a poor state of repair. The floor covering was not clean, window ledges were dirty, there was no curtain to one of the windows, no light strip in the bedside light and an open bin with a dirty wound dressing. The walls of the storage area at the back of the kitchen were covered with mould and there was a dirty fly screen in the kitchen. Failing to keep the premises clean and properly maintained is a breach of Regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Two of the bedrooms had no restrictors to the windows. One bedroom was downstairs but the window was at a height that was high enough for a person to fall out of and cause injury. The other bedroom was on the first floor and therefore posed a risk of serious injury to a person if they fell out. During the inspection the maintenance joiner was called on site to fix the restrictors. Several of the bedrooms had wardrobes that were not anchored to the wall. This posed a health and safety risk if they toppled over. Following the inspection we were informed that the joiner had fixed the wardrobes to the wall. This will be checked on the next inspection.

There were unguarded radiators and unguarded hot water pipes in three bedrooms and in the lounge. Unguarded radiators and pipework pose a serious risk of harm to people who use the service. During the inspection the joiner was called on site to protect the exposed hot pipes with thermal insulation. Following the inspection we were informed that radiator covers had been fitted to the bedrooms and that covers had been ordered for the two uncovered radiators in the lounge. This will be checked on the next inspection. One bedroom had electrical wires trailing across the floor. This posed a trip hazard.

Records showed that the hoists, the passenger lift, the portable appliances, the fire equipment and alarm system had all been serviced and maintained in accordance with the manufacturers' instructions.

Records showed however that the annual gas safety check had not been undertaken since September 2015. We were told that this would be done as soon as possible and sent to us. Confirmation that the gas safety check had been undertaken on 4 May 2017 was sent to us on 9 June 2017. The periodic testing of the electrical safety was last undertaken in February 2016. We were told that this had been done since then and evidence of this would be sent to us as soon as the certificate could be located. Following the inspection we were sent the electrical safety certificate to show that the safety check had been undertaken on 8 February 2017.

We were shown the fire risk assessment that was in place. It had last been undertaken in December 2016 and was to be undertaken annually. It was therefore overdue. We were told we would be contacted when a further risk assessment had been arranged. We received information to show that the fire risk assessment had been undertaken on 8 June 2017.

Failing to ensure that the premises are safe is a breach of Regulation 12 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the staffing arrangements within the home for the week of the inspection. Inspection of the staff rosters showed two care staff were on duty between the hours of 08:00 and 16:00 each day. During the weekdays of Monday to Friday the manager was also on duty between these hours. During the weekend hours of 08:00 and 22:00 there were only two care staff on duty. The rosters showed that two care staff were on duty during the evening shifts of 16:00 to 22:00 and two care staff for the night shift of 22:00 to 08:00. We were told these were the 'routine' staffing levels in place.

The roster showed that a cook was employed over seven days and worked between the hours of 08:00 and 17:00. There was no laundry assistant, no domestic and no administrative staff. We were told that the previous registered manager was available at times to help staff within the home. The previous manager was present during both inspection days. Following the inspection the registered provider informed us that the previous registered manager was the administrator at the home. We were also informed that a domestic had been recruited.

A relative and a visiting professional told us they felt there were not enough staff available. We were told, "Staff are busy and not always around". Care staff told us that staffing, "could be an issue at times".

During the inspection there were 16 people who used the service. Staff told us that four people needed the assistance of two staff for all their care needs and two people needed assistance with eating and drinking. We were told that two people were prone to 'wandering' at times. We asked staff how people who used the service could be adequately supervised and kept safe when two staff were assisting people with their care needs. We were told that, especially in the evening and at weekends, people were left unsupervised when there were only two staff on duty.

Failing to have sufficient numbers of staff on duty to ensure people's safety and meet their needs is a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at three staff recruitment files. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. All three files contained proof of identity and application forms.

We looked at the systems in place for managing medicines within the home. This included the receipt, storage, handling, recording and disposal of medicines.

We were told that only the care staff who had received medication training were responsible for the management of the medicines. Records we looked at confirmed that medication training had been undertaken and that the senior care staff had been assessed as competent to administer and record medicines correctly.

It was identified from five of the seven medication administration records (MAR's) we looked at that some

medicines were to be given 'when required' or as a 'variable dose' of one or two tablets. We saw there was only limited information available in each person's care plan for care workers to follow in order to ensure that the medicines were given in accordance with a persons' needs and preferences.

During our walk around the home we found several containers of prescribed skin creams that either had no dispensing label on or the label was not decipherable. This meant it was not possible to see if the creams were being used for people they were actually prescribed for. This could place people at risk of harm.

We saw that handwritten directions were in place for people who were prescribed 'painkillers'. The instructions stated that the tablets were to be given four hourly as required. There was however no maximum dose documented; which is no more than eight tablets in 24 hours. This omission of information could result in people being given too many painkillers in a 24 hour period and this could place their health and welfare at risk of harm.

We noted that a medicine, required by law to be stored as a controlled drug, was stored in the general medicine trolley. We required that the medicine be transferred to the controlled drug cupboard whilst we were present. We were shown the controlled drug cupboard in use and saw that it did not comply with the requirements of the Misuse of Drugs (Safe Custody) Regulations 1973 as amended. The cupboard in use was also free standing and not fixed to a wall as it must be. Controlled drugs are very strong medicines that may be misused and because of this are subject to strict controls around storage, recording and administration.

Arrangements were in place to order new medicines and to return medicines that were no longer needed. We did see however that although medicines no longer needed were kept in a container in a locked room the container was not tamper-proof. Medicines no longer required need to be securely stored to prevent them from being in the possession of people they were not prescribed for. We found that medicines were not managed safely and this was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Policies and procedures for safeguarding people from harm were in place. These provided staff with guidance on identifying and responding to signs and allegations of abuse. The training records we looked at showed that all staff had received training in the protection of vulnerable adults. Staff we spoke with were able to tell us what action they would take if abuse was suspected or witnessed.

Prior to the inspection we had been made aware by the local authority of issues which had been raised as safeguarding concerns. These had been reviewed by commissioners. The local authority commissioners told us they had been working on an action plan with the provider and manager to improve things and that management were receptive to advice and suggestions.

We found that risks to people's health and well-being had been identified, such as poor nutrition, falls and the risk of developing pressure ulcers. We saw care plans had been put into place to help reduce or eliminate the identified risks.

We looked to see what systems were in place in the event of an emergency. We saw personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service. Detailing the level of support required assists the emergency services in the event of an emergency arising, helping to keep people safe. We also saw procedures were in place for dealing with any emergencies that could arise, such as utility failures and other emergencies that could affect the provision of care. These were contained in the business continuity plan that we were given access to.

We looked at the on-site laundry facilities, situated in the cellar. We found there was sufficient equipment to ensure safe and effective laundering. Hand-washing facilities and protective clothing of gloves and aprons were in place.

We saw infection prevention and control policies and procedures were in place and infection prevention and control training had been undertaken for all the staff. We saw staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties. Alcohol hand-gels and hand-wash sinks with liquid soap and paper towels were available.

Although monthly infection control audits had been undertaken they failed to identify that clinical waste was not disposed of safely. The majority of areas where clinical waste was disposed of were without a pedal-operated bin in place. Bins were either missing, were open receptacles or had lids that had to be touched by staff; posing a risk of spreading infection due to unnecessary hand contact with contaminated surfaces or waste. We have recommended the service considers current guidance in relation to the disposal of clinical waste.

Is the service effective?

Our findings

We looked to see how staff were supported to develop their knowledge and skills. We asked a newly employed care staff member to tell us about their induction when they first started to work at the home. They told us they were shown around the home and made aware of the systems and facilities in place to ensure the safety of the staff, visitors and the people who used the service. We were shown the 'check list' of things that they were given information about. There was no information to prepare staff for their role, such as values, behaviours, codes of conduct and aims and objectives.

A discussion with the manager showed that staff were not working within the standards of the Care Certificate as recommended in the 'Guidance for providers on meeting the regulations'. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. We have recommended that the induction programme be improved to help ensure staff are prepared for their role by assisting them to develop their knowledge, skills and understanding.

We looked at the training plan that was in place for all the staff. It showed staff had received the essential training necessary to safely care and support people who used the service. A discussion with the staff showed they had a good understanding of the needs of the people they were looking after. Staff told us they received a verbal and written report on each shift change. This was to ensure that any change in a person's condition and subsequent alterations to their care plan were properly communicated and understood.

We were shown an annual supervision planner that had been put in place from January 2017. The planner showed that systems were in place to ensure staff received regular supervision and appraisal. Supervision meetings help staff discuss their progress and any learning and development needs they may have and also raise good practice ideas.

From our observations and a review of people's care records we saw that people were consulted with and, if able, consented to their care and support. We saw how staff requested people's consent before attending to their needs.

We looked at what consideration the manager gave to the Mental Capacity Act 2005 (MCA). The 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. We asked the manager to tell us what they understood about the MCA and DoLS. What the manager told us demonstrated they had a good understanding of the MCA and DoLS and knew the procedures to follow if an authorisation was required. The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. Records we looked at showed that eight people who used the service were subjected to a DoLS. Records also showed that most of the staff had undertaken training in the MCA and DoLS.

We looked to see if people were provided with sufficient food and drinks to ensure their health care needs were met. People we spoke with told us they liked the food and that they had enough to eat and drink.

We looked at the kitchen and food storage areas and saw good stocks of fresh, frozen and dry foods were available. The food storage area directly off the kitchen was not being used due to it being in need of deep cleaning and renovation. The chef told us they were working overtime to clean and renovate the food storage area. Food was being stored appropriately in a garage in the grounds.

The chef, who had been in post for only four weeks told us there were no menus in place as they were in the process of 'working through them' with the people who used the service. We were told they were discussing and trying different types of meals to find out what people liked and didn't like. The chef showed us a 'Dislikes and Special Diets' folder that they had put in place. We saw that the chef kept a daily record of the meals that had been provided. This was to help ensure that the meals were varied and nutritionally balanced.

It was explained that a lighter meal was served at lunchtime and the main meal was served in the evening. We were told this was what people who used the service preferred. Staff told us that the kitchen was always open and food was always available 'out of hours'.

A discussion with the chef showed they were knowledgeable about any special diets that people needed and were aware of how to fortify foods by the addition of dried milk, butter and/or cream to help improve a person's nutrition.

The care records we looked at showed that people had an eating and drinking care plan and were assessed in relation to the risk of inadequate nutrition and hydration. We saw action was taken, such as a referral to the dietician or to their GP, if a risk, such as an unexplained weight loss, was identified.

The care records also showed that people had access to external healthcare professionals, such as community nurses, opticians, chiropodists and dentists. This meant that the service was effective in promoting and protecting the health and well-being of people who used the service.

We spoke with a visiting community nurse and health care assistant. They told us the staff were good at reporting any issues of concern and also good at following any instructions they were given.

The layout of the building ensured that all areas of the home were accessible for people whose mobility was limited. Communal lounges and the dining room were situated on the ground floor and bedroom accommodation was provided on the ground and first floors. Access to the first floor was via a passenger lift. Staff told us that adequate equipment and adaptations were available to promote people's safety, independence and comfort.

Is the service caring?

Our findings

We asked people who used the service, a relative and two visiting professionals if they felt the staff were caring. All agreed that they were. Comments made included; "Yes they are all very kind" "I have no problem with the staff. Very caring" and "They all seem very friendly". Comments made in the satisfaction surveys that were sent out to relatives in March 2016 included; "helpful staff", "staff are happy to help," and "treated courteously".

For those people who were not able to tell us about their experiences, we spent some time observing how they were spoken to and supported by care staff. Staff interactions were seen to be polite and friendly. The atmosphere in the home was calm and relaxed. We saw that people looked well cared for, were clean and appropriately dressed.

Staff told us that people's religious and cultural needs were always respected and that people could choose to have their own clergy visit them.

Staff told us they encouraged people to maintain their independence, such as encouragement to walk independently with the use of walking aids where necessary. We saw that suitable aids and adaptations were fitted throughout, including handrails on corridors, assisted bathing and grab rails. This helped to promote people's independence and keep them safe.

We saw that bathrooms and toilets did not have locks on the doors. This meant that any person could enter bathrooms and toilets whilst they were occupied by people who used the service; resulting in their privacy and dignity being compromised. During the inspection the joiner was called on site to assess the locks that were required so that they could be ordered and subsequently fitted. This will be checked on inspection.

We were told that the room we identified as being in a poor state of repair was being used by a female person who had been transferred to the room whilst the original male occupant was in hospital. The dirty wound dressing that we found in the open bin belonged to the male occupant. It was noted that the previous occupants' clothes, toiletries and belongings were still being stored in the room. This meant that the privacy and dignity of both occupants was not respected. Failing to ensure that people's privacy and dignity is maintained is a breach of Regulation 10(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the manager to tell us how staff cared for people who were very ill and at the end of their life. We were told that none of the staff had received any specialised end of life training however the staff received good support from the community nurses and GPs.

Staff we spoke with were aware of their responsibility to ensure information about people who used the service was treated confidentially. We saw that care records were kept secure in the staff office/ station area. This meant information was easily accessible to staff, whilst ensuring that confidentiality of records was maintained. Other records in relation to the running of the service were kept secure in the manager's

office.

Is the service responsive?

Our findings

The two care records we looked at showed that assessments were undertaken prior to the person being admitted to the home. This was to ensure their identified needs could be met. The care records showed that information gathered during the assessment was used to develop the person's care plan.

The care records contained enough information to show how people were to be supported and cared for. It was clear from the information contained within the care plans that people had been involved in the planning of their care. We did discuss however the issue of ensuring that sufficient information needed to be in place in the care record of one person. This person had a medical condition that could result in a sudden emergency arising. Guidance needed to be in place to guide staff on the signs and symptoms to look for and the action to take to enable them to lessen or prevent a more serious emergency occurring.

We saw that the care records were reviewed regularly. A review is when a care record or risk assessment is checked regularly by staff so that any change in a person's needs can be identified and the appropriate action taken where necessary.

We asked the manager about the activities available for people who used the service. They told us they did not employ an activities organiser. We were told that, when they had the time, a member of the care staff was responsible for undertaking the activities; these included board games, quizzes and bingo. We were told outside entertainers visited the home occasionally.

During the first day of the inspection we did see some people enjoying a quiz game, although from our observations during both days, we saw that the majority of people spent their time either watching television or sleeping in their chair. The limited amount of social and recreational activity does not help promote the well being of people, especially those people living with dementia. Suitable and sufficient activities and community involvement must be provided to help promote people's well-being. Failing to do so is a breach of Regulation 10(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the manager to tell us how, in the event of a person being transferred to hospital, information about the person was relayed to the receiving service. We were shown the transfer form that was sent with the person. We were told that a copy of the person's MAR sheet would always be sent with them. This helps to ensure continuity of care.

We looked at what information was made available to people and visitors should they wish to raise any complaints or concerns. The complaints procedure was displayed throughout the home and explained to people how to complain, who to complain to, and the times it would take for a response. The procedure did not however document any CQC contact details. The contact details of external agencies, including CQC, need to be made available to a complainant so they can refer their concerns elsewhere if they are not satisfied with how the provider manages and/or responds to their complaint. The manager told us they would ensure the contact details were added. We saw that the manager had put a system in place to ensure

that any complaints made, with the action taken, was recorded.

Is the service well-led?

Our findings

The home did not have a registered manager. There had been no registered manager since July 2016. Failure to have a registered manager is a breach of a condition of the provider's registration and it is an offence. A new manager had recently been appointed but had not started the process of registering with the Commission at the time of the inspection. We have now received information to show that the manager has applied for registration with CQC.

We found that not all records necessary for the management of the home were in place. There was no evidence to show that thermostatic control valves (TCV's) had been fitted to the water outlets of the baths and showers. The manager told us they felt certain that TCVs were in place. This could not be confirmed as there were no records in place. Following the inspection we were told that two TCVs that were previously not in place had now been fitted. No evidence was sent to us however from the installer. This will be checked on the next inspection.

The periodic testing of the electrical safety was last undertaken in February 2016. We were told that this had been done since February 2016 but there was no record in the home to confirm this. Following the inspection we received confirmation that the electrical safety check had been undertaken in February 2017.

We were shown a copy of the last infection control audit undertaken by the local authority infection control officer. The record was incomplete. There was no 'front sheet' to the audit and therefore no name of the service inspected and no date as to when the audit was undertaken. It was therefore not possible to identify if the audit actually referred to Marland Court.

We saw that, following a national food hygiene rating scheme inspection in October 2015, the home had been rated a '4'. We were told there had been a further inspection in October 2016 where they had again been rated a '4'. There was however no record of evidence to confirm this.

Failing to have records that are necessary for the management of the home is a breach of Regulation 17 (2) (d) (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the manager to tell us what systems were in place to monitor the quality of the service to ensure people received safe and effective care. We saw the audits that were titled 'Health and Safety'. These were checks on the environment and equipment. These were not adequate as they had failed to identify the serious environmental issues that we identified during this inspection. The infection control audits had also failed to identify the issues of concern that we identified during this inspection. Failing to have an effective system in place to assess, monitor and improve the quality and safety of the service is a breach of Regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager told us they had set up an audit calendar to ensure all aspects of the running of the home were checked. These included medication, care plans and accident/incident audits.

We asked the manager to tell us how they sought feedback from people who used the service to enable them to comment on the service and facilities provided. We were told that satisfaction surveys were given out annually to people who used the service and to their relatives. The surveys asked for people's views on how they felt they were being cared for, and if the facilities at the home were to their satisfaction. We looked at the five responses received from relatives in March 2016. They were overall positive about the staff and the facilities provided.

Records showed that the last meeting for people who used the service and their relatives was in February 2017. We were told that in the future they were to be held six monthly. This was because it was felt that as the home was small and the manager had an 'open door', any issues that people wished to discuss could be dealt with at any time.

The manager told us they were aiming for staff meetings to be held every three months. We were told that previously they had been held 'ad hoc'; the last one being held in February 2017. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice.

Staff we spoke with were pleased that a new manager was in place. They told us they felt the manager was approachable and that they felt supported. A visiting relative also told us they were also pleased that a new manager was in place. They told us they had confidence in the manager's ability to look after their relative safely.

Policies and procedures were in place to inform and guide staff on their practice. To check that information was current they had been reviewed annually by the previous registered manager.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>The privacy and dignity of people who used the service was compromised. This was because there were no locks on toilet and bathroom doors and the bedroom of one person who was in hospital was being used by another person.</p> <p>Suitable and sufficient activities and community involvement were not provided to help promote people's well-being.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not managed safely.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The premises were not clean</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Records that are necessary for the management of the home were not in place.</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

Sufficient numbers of staff were not provided at all times to ensure people's needs were met.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The premises were not safe.

The enforcement action we took:

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Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance An effective system to assess, monitor and improve the quality and safety of the service was not in place.

The enforcement action we took:

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