

Shankar Leicester Limited

Marwood Residential Home

Inspection report

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Shepshed
Loughborough
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LE12 9BS

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Ratings

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

Summary of findings

Overall summary

This was an unannounced comprehensive inspection that took place on 29 August 2017.

Marwood Residential Home provides accommodation and care for up to 24 people who are aged over 65. The home is located on two floors and has two communal lounges, a dining room, a large garden and a reading corner where people could spend time together. At the time of inspection there were 18 people using the service.

At the last Care Quality Commission (CQC) inspection on 30 June 2016, the service was rated as requires improvement overall. The recruitment procedures were not always followed, a member of staff was administering medicines without the appropriate training. People had restrictions placed on them without the correct process being followed and health professionals had not been contacted for advice in relation to concerns about a person's diet. The provider had not submitted all notifications they were required to. We found one breach of regulations. After the inspection the provider wrote to us to say what they would do to meet legal requirements in relation to a breach in Regulation 11 Need for consent. At this inspection we found the service had made the required improvements.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risk of harm at the service because staff knew their responsibilities to keep people safe from avoidable harm and abuse. Staff knew how to report any concerns that they had about people's welfare.

There were effective systems in place to manage risks and this helped staff to know how to support people safely. Where risks had been identified there were actions in place to reduce these.

There were enough staff to meet people's needs safely. The provider had safe recruitment practices. This assured them staff had been checked for their suitability before they started their employment.

People's equipment was regularly checked and there were plans to keep people safe during significant events such as a fire. Evacuation plans had been written for each person, to help support them safely in the event of an emergency.

People's medicines were handled safely and were given in accordance with their prescriptions. Staff had been trained to administer medicines and had been assessed for their competency to do this.

Staff received appropriate support through an induction, support and guidance. There was an on-going

training programme to ensure staff had the skills and up to date knowledge to meet people's needs.

People received sufficient to eat and drink to help maintain their health and well-being. Their health needs were met by staff supporting them to access health care professionals promptly.

People were supported to make their own decisions. Staff and the registered manager had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that assessments of mental capacity had been completed where there were concerns about people's ability to make decisions for themselves. Staff sought people's consent before delivering their support.

People were involved in decisions about their support. Staff treated people with respect. Staff knew people they cared for and treated people with kindness and compassion.

People received care and support that met their individual needs and preferences. Care plans provided information about people so staff knew what they liked and enjoyed. People took part in activities that they enjoyed.

People and their relatives knew how to make a complaint. The provider had a complaints policy in place that was available for people and their relatives.

People and staff felt the service was well managed. Staff felt supported by the registered manager.

Systems were in place which assessed and monitored the quality of the service and identified areas for improvement.

People were asked for feedback on the quality of the service that they received. The service was led by a manager who understood their responsibilities under the Care Quality Commission (Registration) Regulations 2009.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from abuse and avoidable harm by staff who knew their responsibilities for supporting them to keep safe.

Risks to people had been identified and assessed. There was guidance for staff on how to keep people safe.

There were sufficient numbers of staff to meet people's needs. The service followed safe recruitment practices when employing new staff.

People's medicines were handled safely and offered to them as prescribed. Staff were trained and deemed as competent to administer medicines.

Is the service effective?

Good ●

The service was effective.

People received support from staff who had the necessary knowledge, skills and supervision to carry out their roles.

People were asked for their consent by staff before they received any support.

People were supported to eat and drink enough to maintain their health and well-being. They had access to healthcare services when they required them.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect. Staff interacted with people in a caring, compassionate and kind manner.

People were involved in making decisions about their support.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed. Staff referred to care plans that provided detailed information about people's needs, their likes, dislikes and preferences.

There were meaningful activities that people participated in and enjoyed.

There was a complaints procedure in place. People felt confident to raise any concerns.

Is the service well-led?

The service was well led.

There was a registered manager who understood their role and made the appropriate notifications to CQC and other agencies.

There were audit systems in place to measure the quality and care delivered and so that improvements could be made.

Staff were supported by the registered manager and felt that they were approachable.

People had been asked for their opinion on the quality of the service that they had received.

Good ●

Marwood Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 August 2017 and was unannounced. The inspection was carried out by one inspector, an inspection manager and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed the Provider information return (PIR). The PIR is a form that asks the provider to give some key information about what the service does well and improvements they plan to make. We also reviewed information we held about the service and information we had received about the service from people who contacted us. We contacted the local authority that had funding responsibility for some of the people who used the service. We also sought feedback from Healthwatch (the consumer champion for health and social care).

We spoke with five people who used the service and six relatives of other people who used the service; this was to gather their views. We spoke with seven members of staff including the deputy manager, a team leader, a senior carer, two carers, the cook and a domestic member of staff. We also spoke with the provider.

We looked at the provider's records. These included four people's care records, which included care plans, health records, risk assessments and daily care records. We looked at four staff files, a sample of audits, satisfaction surveys, staff rotas, and policies and procedures.

Is the service safe?

Our findings

At our last inspection on 30 June 2016 we rated the safe domain as requiring improvement. This was because recruitment procedures were not always followed, people felt there were not enough staff and a member of staff was administering medicines without the appropriate training to do so. At this inspection we found the provider had made the required improvements.

People told us there were enough staff to meet their needs safely. One person said, "There are always people around and plenty of staff on." A relative commented, "If you had asked me twelve months ago I wouldn't have said there were enough, but I do think there are now." Staff confirmed they felt the staffing levels were appropriate to meet people's needs. One staff member said, "Staffing levels are perfect at the moment." The rota showed that suitably trained and experienced staff were available based on the assessed needs of people who used the service. Staff had time to talk with people and support them when they asked for help. They responded to call bells quickly.

People were cared for by suitable staff because the provider followed robust recruitment procedures. This included obtaining two references that asked for feedback about prospective staff and a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. Staff told us they had been through an interview and selection process before they started working at the service.

People received their medicines safely. One person told us, "They give me my tablets at the right times and know the dose to give me." The provider had a policy in place which covered the administration and recording of medicines. Staff told us they were trained in the safe handling of people's medicines and records confirmed this. One staff member said, "I have done my training and we are observed to make sure we do it correctly." Staff could explain what they needed to do if there was a medication error and this was in line with the policy. Some people had prescribed medicines to take as and when required, such as to help with any pain that they had.

There were guidelines for staff to follow that detailed when these medicines could be offered to people. The medicine administration records had been completed correctly.

Some people took their medicines by themselves without staff support. Where this happened a risk assessment had been completed to ensure the person understood what medicines they were taking and when to take them. One person explained to us they were supported to take one of their medicines but were independent with all others. They said, "That is what they said was needed. I am happy with what we have agreed."

People told us that they felt safe while living at Marwood Residential Home. One person said, "I am safe and secure here." A relative commented, "You pay for peace of mind here. I can leave knowing that [person] is safe and well looked after." People were protected from abuse and discrimination because they were supported by staff who knew their responsibilities to keep people safe from avoidable harm and abuse. The provider had guidance available to staff to advise them on how to report any concerns about people's

safety. Staff we spoke with had an understanding of types of abuse and what action they would take if they had concerns. All staff we spoke with told us that they would report any suspected abuse immediately to the registered manager or external professionals if necessary. One staff member said, "I would always report any concerns to the manager." The actions staff described were in line with the provider's guidance. Staff told us they had received training around safeguarding adults and records confirmed this.

Staff knew how to reduce risks to people's health and well-being. Risk assessments were completed where there were concerns about people's well-being, for example, where a person may be at risk of falling. There were guidelines in place for staff to follow to make sure they used their frame and there were no trip hazards.

Where someone had behaviour that may be deemed as challenging, plans were usually in place so staff responded consistently. This included information about what may cause a person to become distressed and ways to reduce this. Staff told us they were confident in following these plans. However, we saw one person became anxious and although staff responded to the person consistently this information was not included in their care plan. The deputy manager told us this would be added.

The service had a business continuity plan in place which had been recently reviewed. It described different scenarios and what would happen in the event of them occurring. There were the main contact numbers for emergency services and people's relatives. Each person was colour coded to reflect the level of support they would require in the event of having to be evacuated from the building. This enabled the safe evacuation of people quickly.

Where people used equipment such as hoists, the required checks had been completed to make sure that these were safe for people to use. Checks were carried out on the environment and equipment to minimise risks to people's health and well-being. This included checks on the safety measures in place, for example, fire alarms, as well as the temperature of the hot water to protect people from scald risks. Fire drills had taken place.

The provider had systems in place to report and record any incidents or accidents at the service. Details of any incidents or accidents were reviewed including actions that had been taken. The registered manager notified other organisations to investigate incidents further where this was required such as the local authority.

Is the service effective?

Our findings

At our last inspection carried out on 30 June 2016 we rated the effective domain as requiring improvement. This was because people had restrictions placed on them without the correct process being followed and a health professional had not been contacted for advice in relation to concerns about a person's diet. We found one breach of the regulations. Regulation 11, Need for consent. We required the provider to make requirements and they submitted an action plan setting out what they were going to do. At this inspection we found the provider had made the required improvements.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment 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.

Where people were not able to make their own decisions we saw that mental capacity assessments had been completed. Care plans included information about each person's ability to make their own decisions and encouraged staff to give people opportunities to make their own decisions. Staff were able to demonstrate that they had an understanding of the MCA and that they worked in line with the principles of this. One staff member explained, "People can make their own decisions. If they cannot we have to follow the MCA and work in their best interests." Staff had completed training in the MCA.

We found that DoLS had been requested for people who may have been at risk of being deprived of their liberty. The registered manager showed an understanding of DoLS which was evidenced through the appropriately submitted applications to the local authority. Staff knew that some people who lived in the service had DoLS in place and followed these.

People were asked for their consent before staff supported them. One person said, "They ask me for my consent." Staff asked people if they wanted help before supporting them throughout our visit and explained what they were doing. Staff understood the need to respect people's choices. One staff member said, "I always give choices. I explain what the choices are and if the person does not want what is on offer I will find an alternative." Staff understood people had the right to refuse care and treatment. One staff member said, "I always try to talk to the person. If they don't want to do something it is their choice."

People had access to a choice of meals and drinks. They told us that they liked their meals. One person said, "The food is nice." However, some people felt the accompaniments were very similar and always included boiled potato and vegetables. The cook told us the menus were being developed with people to try and include more variety based on food they wanted. There was a menu displayed in the corridor on the way to

the dining room. People chose their lunchtime meals in the morning. Where someone had a dietary need such as a soft diet this was provided. The cook had information about people's dietary needs and made sure that their meals were prepared in line with their assessed need.

We observed staff serving the lunchtime meal to people. People were given sufficient time to eat, and staff offered people assistance to eat and drink where necessary. When one person said they did not like the meal they had requested they were offered an alternative which they enjoyed. The dining room tables were set with cutlery, tablecloths and flowers. People were offered a choice of drinks and had salt and pepper available if they wanted to use this. Lunchtime was relaxed and people appeared to enjoy spending time with each other and chatting.

People were offered drinks and snacks from a trolley throughout the day. Staff offered people the support they required with their meals and did this at a pace that seemed to suit the person so they were not rushed. This meant that people's eating and drinking needs were met.

People felt that they were supported by staff who had the skills and knowledge to meet their needs. One person told us, "The staff know what they are doing." Staff told us they received training to help them to understand how to effectively offer care to people. One staff member said, "I have done a lot of training. It is good. We have questions and discussions about each course so we all understand." Training records showed that staff had received training that enabled them to meet the needs of people who used the service. For example, we saw that staff completed training in supporting people who were living with dementia to make sure they understood how to support people appropriately where they had this diagnosis.

New staff were supported through an induction into their role. Staff described how they had been introduced to the people who used the service and said they had been given time to complete training, read care plans and policies and procedures. One staff member said, "I had a look around the home and was introduced to people. I looked at care plans and did three shadow shifts. It was very useful." The provider used the Care Certificate for new staff members. The Care Certificate was introduced in April 2015 and is a benchmark for staff induction. It provides staff with a set of skills and knowledge that prepares them for their role as a care worker.

People were supported by staff who received guidance and support in their role. There were processes in place to supervise all staff to ensure they were meeting the requirements of their role. Supervisions are meetings with a line manager which offer support, assurance and learning to help staff to develop in their role. Staff told us that they had regular supervision meetings and felt supported. One staff member told us, "I have had regular supervisions every four weeks I ask if I have any problems. I can speak with [registered manager] or [deputy manager] in between if I need to."

People were supported to maintain good health and could access health care services when needed. One person commented, "The doctor came to see me when I was unwell." Staff monitored people's health needs and reported any changes in people's needs to the team leader or senior on duty who would make appropriate referrals to other professionals if required. People had seen a range of health professionals and details of the outcome from the appointment had been recorded so that staff were aware of any changes.

Is the service caring?

Our findings

People were positive about the support that they received and the caring nature of staff. Comments included, "Everyone is good and caring" "They all care very much," and "Everyone is lovely." Staff we spoke with demonstrated their passion and commitment to improve the welfare and wellbeing of people that used the service. One staff member said, "It is important that we get things right for people. We are a good team." Another staff member commented, "The residents are important. We all get on with making sure they are okay."

Throughout the day of our inspection visit, we observed staff interacted with people in a warm and kind manner and took time to talk to people before proceeding with providing care. They enhanced their verbal communication with touch and altering the tone of their voice appropriately.

People were supported in a dignified and respectful manner. Staff promoted people's dignity through asking them discreetly if they wanted support and encouraging people to adjust their clothing to maintain their dignity. Staff spent time chatting to people and took an interest in them. Staff told us how they promoted people's dignity. This included making sure people were covered during personal care and knocking on the door before entering a person's room. We saw that staff did knock on people's doors before entering their room.

People were involved in making decisions about their care. One person said, "I can choose if I want a bath or a shower and they respect my decision." Another person told us, "I can go to bed when I want to. It depends what is on television." People were included in decisions about meals, what they wanted to wear and attending activities. Staff explained that they offered people choices about their care. One staff member said, "I always ask the person what they want to wear and if they want to have their bath or shower." Throughout the day of our visit people were asked if they wanted support with things such as using the toilet, or help with cutting up their food. People's decisions were respected.

Information had been gathered about people's personal histories, preferences and wishes which enabled staff to have an understanding of people's backgrounds and what was important to them. Care plans included information the person wanted to share about their family, work history and life events. Staff were knowledgeable about the people they supported. They could tell us about people's likes, dislikes and preferences.

People's visitors were made welcome and were free to see them as they wished. A relative told us, "We can visit when it suits [person]." Throughout our inspections people visited and were offered drinks. The visitor's book showed that people had visited at various times.

People were encouraged to maintain relationships with people who mattered to them. A relative told us they had taken their relative home for Christmas. They said, "The home told us there were no restrictions on this. They were happy to accommodate what we and [person] wanted to do. They said it is their home and we can take them out whenever we want to." People had telephones in their rooms so they could call

relatives and friends when they wanted to.

People's sensitive information was kept secure to protect their right to privacy. The provider had a policy on confidentiality. Staff followed the guidance in this. For example, people's care records were locked away in secure cabinets when not in use. We also heard staff talk about people's care requirements in private and away from those that should not hear the information. This meant that people could be confident that their private information was handled safely.

Is the service responsive?

Our findings

The care that people received met their individual needs. One person said, "I get everything I want really." People's care plans included information that guided staff on the level of support people required. People's needs had been assessed and care plans had been put in place for staff to follow to ensure that their needs were met. One person said, "They involved my family in my care plan when I moved in." Care plans contained information about people's preferences and how they liked to receive their care. This included information about what was important to each person and their health needs.

People's care and support needs were assessed prior to them moving into the service. This was to make sure that the staff team could meet people's needs appropriately. Staff confirmed this had taken place. People and their relatives told us that they had been involved in their assessment.

People and their relatives told us they had been involved in changes to their care plans. One relative said, "They showed me a piece of paper with things that [person] liked and needed." Care plans had been reviewed monthly or if a person's needs had changed.

People's views, beliefs and values were respected. For example, people were supported to follow their faith. Staff told us they had done research into one person's religion as they did not know much about it. This had been shared with staff so they could all develop their knowledge. The staff member explained they were working with the person to identify how they wanted to follow their faith and how they could be supported with this. Other people were supported to access their place of worship where they wanted to. Care plans considered people's culture and beliefs and ways to support people to meet these.

People were offered activities to provide them with stimulation. One person told us, "We don't have an activities co-ordinator at the minute. Staff are doing things with us instead." Staff supported people to completed hobbies and activities they enjoyed such as knitting. The deputy manager told us they were in the process of finding a new activities co-ordinator. They explained that some people did activities outside of the home such as attending a day service. They also told us they had made links with a local school and had attended the summer concert. People told us they were looking forward to the Christmas concert which they had been invited to. On the day of our inspection a musical entertainer visited in the afternoon. Everyone in the lounge joined in with this activity and appeared to thoroughly enjoy the session. Staff explained they supported people to participate in activities they enjoyed. One staff member said, "We do quizzes which people like or some people have started knitting. We encourage people to join in. We now have a reading area with books available."

People told us they would speak with staff or the registered manager if they were worried or had any concerns. One person said, "I have no complaints and I don't imagine I ever will. I would talk to [registered manager] if I did." A complaints policy and procedure was in place. This was displayed so people and their relatives could use this if needed. We reviewed details of the complaint that had been received and saw that action had been taken to address and respond to this within the agreed timescales identified in the provider's policy. It was not recorded how the outcome had been reported to the person who raised the

complaint. The deputy manager told us they would record this in the future.

Is the service well-led?

Our findings

At our last inspection on 30 June 2016, the service was rated as requires improvement in the well-led domain because they had not submitted all notifications they were required to. At this inspection we found the service had submitted all required notifications.

People told us they were pleased with the service they received. One person said, "It is one of the best homes," "It is wonderful," and "You couldn't find a better place." Staff told us they felt the service was well-led. One staff member said, "It is the sort of home I would want to be in. It is a good service. I wouldn't want to work anywhere else." People and their relatives had opportunities to give feedback to the provider. One person said, "We have meetings here and they do listen to you." Minutes from the last residents meeting showed people had discussed activities, meals and staffing. A survey had been completed in January 2017. The feedback from this was positive.

Staff told us they attended regular team meetings and felt supported in their role. One staff member said, "[Registered manager] is well respected. I can go to her for anything. We are a good team." The meetings provided the staff team with the opportunity to share their feedback on the service and improvements they would like to make. Topics discussed included good practice, training, staff roles and responsibilities, documentation and team work.

There were systems in place to regularly monitor the quality and safety of the service being provided and to drive improvement. These included checks on areas such as care plans, medicines and the environment. Actions that were needed were recorded and reviewed. The registered manager had set timescales for audits and checks to be completed. There were regular checks being carried out on all areas of service provision and actions were made to improve the service that was delivered.

The provider had policies and procedures that detailed staff responsibilities. These included a whistleblowing procedure. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. Staff members described what action they would take should they have concerns that we found to be in line with the provider's whistleblowing policy. One told us, "I can go to CQC or social services. We have discussed whistleblowing." The policies and procedures had been updated recently to reflect the regulations and relevant authorities' guidance such as safeguarding adults.

The registered manager was aware of their registration responsibilities. Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. The registered manager had informed us about incidents that had happened.

During our inspection we saw that the ratings poster from the previous inspection had been displayed in the home. The display of the poster is required by us to ensure the provider is open and transparent with people who use the services, their relatives and visitors to the home.