

Leonard Cheshire Disability

# Marske Hall - Care Home with Nursing Physical Disabilities

## Inspection report

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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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Marske Hall is registered to provide care and accommodation to a maximum number of 30 people who have a physical disability. The service also provides nursing care. At the time of the inspection there were 30 people who used the service.

At the last inspection in June 2015, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's independence was actively encouraged. The manager and staff displayed clear resolve to make a positive difference to people's lives. Activities were invigorating, outings and events were well thought through, varied and in plentiful supply. Staff encouraged and supported people to access activities within the community. Staff were supported by many volunteers whose personalities and interests were matched with people who used the service to ensure a positive partnership.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place. Risks to people were identified and plans were put in place to help manage the risk and minimise them occurring.

Medicines were managed safely with an effective system in place. We did note that the room temperature in which medicines were stored was on occasions too hot. We pointed this out to the manager at the time of the inspection who told us they would take action to address this.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety was maintained. At the time of the visit we noted that water temperatures were taken and tested by the handyman infrequently. We pointed this out to the manager at the time of the inspection who took immediate action to address this. Water temperatures were taken and tested before people who used the service had a bath or shower to ensure they were of a safe temperature.

We spoke with people who used the service, relatives and staff and asked them if there were sufficient staff on duty to ensure people's needs were met. We received a mixed response. Relatives told us the service was such a large building and this meant the staff had a large area to cover and at times made it difficult for them to find staff. We pointed this out to the manager who told us they would address relatives concerns and review staffing.

People were supported by a regular team of staff who were knowledgeable about people's likes, dislikes and preferences. A training plan was in place and all staff had completed up to date training. The manager had

identified any gaps in training and arranged for refresher training to be provided.

Staff had an understanding of the Mental Capacity Act 2005 and acted in the best interest of people they supported. Staff clearly understood their role in supporting people with communication to help them make as many of their own decisions as possible. Staff told us about people's care preferences, which were also recorded in their care plans.

People were provided with a choice of healthy food and drinks, which helped to ensure that their nutritional needs were met. People were supported to maintain good health and had access to healthcare professionals and services.

There were positive interactions between people and staff. We saw staff treated people with dignity and respect. Staff were kind, caring and interacted well with people. Observation of the staff showed that they knew people very well and could anticipate their needs.

Care plans detailed people's needs and preferences. Care plans were reviewed on a regular basis to ensure they contained up to date information that was meeting people's care needs. People were actively involved in care planning and decision making. The service had a clear process for handling complaints.

Staff told us they enjoyed working at the service and felt supported by the manager. Quality assurance processes were in place and regularly carried out by the manager and provider to monitor and improve the quality of the service. The service worked with various health and social care agencies and sought professional advice to ensure individual needs were being met.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>the service remains safe.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service effective?</b></p> <p>The service remains effective.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service caring?</b></p> <p>The service remains caring</p>	<p><b>Good</b> ●</p>
<p><b>Is the service responsive?</b></p> <p>The service was extremely responsive.</p> <p>People consistently received personalised care. People and relatives were involved in decisions about their care and support needs.</p> <p>People were provided with numerous opportunities to take part in a varied range of stimulating activities of their choice inside and outside the service. Careful thought had been given by the manager and staff to enhance the lives of people who used the service.</p> <p>The provider had a system in place in which complaints could be made.</p>	<p><b>Outstanding</b> ☆</p>
<p><b>Is the service well-led?</b></p> <p>The service remains well led.</p>	<p><b>Good</b> ●</p>

# Marske Hall - Care Home with Nursing Physical Disabilities

## **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 was 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 comprehensive inspection took place on 17 and 21 August 2017. The first day of the inspection was unannounced, which meant that the staff and provider did not know we would be visiting. We informed the manager of the date of our second visit.

The inspection was carried out by one adult social care inspector 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 the inspection we reviewed all the information we held about the service, which included notifications submitted to CQC by the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We contacted the commissioners of the service and other professionals to gain their views of the service provided.

The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

During the inspection we reviewed a range of records. This included three people's care records including

care planning documentation and medicines records. We also looked at three staff files, including recruitment, supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures.

We spoke with staff, which included the manager, deputy manager, activity co-ordinator, volunteer co-ordinator, a nurse, a volunteer and generally to care staff. We spoke with 10 people who used the service and three relatives. We spent time observing staff interactions with people throughout the inspection.

# Is the service safe?

## Our findings

People told us they felt the service was safe. One person told us, "I've lived here 10 years and it's the best. I love living here and I feel very safe, the care is the best." Another person said, "Yes I do feel safe, very safe."

Policies and procedures for safeguarding and whistleblowing were accessible and provided staff with guidance on how to report concerns. Staff we spoke with had an understanding of the policies and how to follow them. Staff were confident the manager would respond to any concerns raised.

Recruitment procedures were thorough and all necessary checks were made before new staff commenced employment. For example, disclosure and barring service checks. These were carried out before potential staff were employed to confirm whether applicants had a criminal record and were barred from working with people. Volunteers also worked at the service and they were subject to the same recruitment checks.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments covered areas such as falls, moving and handling, nutrition and choking. Risk assessments had been reviewed and updated regularly. This enabled staff to have the guidance they needed to help people to keep safe.

We spoke with people who used the service, relatives and staff and asked them if there were sufficient staff on duty to ensure people's needs were met. We received a mixed response. One person said, "They [staff] answer my bell straight away." Another person said, "I have two call bells, they [staff] come straight away." Relatives told us the service was such a large building and this meant the staff had a large area to cover and at times made it difficult for them to find staff. We pointed this out to the manager who told us they would address relatives concerns and review staffing. Duty rotas confirmed that during the day there were two nurses on a morning and seven care staff. On an afternoon this reduced to one nurse and five care staff and at night there was one nurse and three care staff.

We looked at records, which confirmed that checks of the building and equipment were carried out to ensure health and safety. Water temperature of baths, showers and hand wash basins were taken and recorded. We noted that some water temperatures were taken infrequently. We pointed this out to the manager at the time of the inspection who took immediate action to ensure all water temperatures were taken on a monthly basis. They told us in addition to this the water temperature of all showers and baths were taken before they were used by people who used the service on a daily basis. We saw documentation and certificates to show that relevant checks had been carried out on hoists, fire extinguishers, gas safety and emergency lighting.

We saw certificates to confirm that portable appliance testing (PAT) had been undertaken and was up to date. PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

Arrangements were in place for the safe and secure storage of people's medicines. Medicine storage was neat and tidy which made it easy to find people's medicines. The room temperature in which medicines were stored was monitored daily and on a number of occasions we noted the room temperature was too hot. We pointed this out to the manager at the time of the inspection who told us they would take immediate action to address this.

Nursing staff recorded when people refused or did not take their medicines for any reason. Records confirmed that a regular audit of medicines was carried out to make sure people received their medicines as prescribed. We checked records of medicines against the stocks held and found these balanced.



# Is the service effective?

## Our findings

We spoke with people who used the service who told us that staff provided a good quality of care. One person said, "I love living here." Another person told us, "The staff are great, very helpful and do as much as they can to help you."

Staff told us they felt well supported and that they had received supervision and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. The manager told us they had been away from the service for a number of months and as such supervision hadn't taken place at the start of the year as much as it should. They told us they had delegated this task to other senior staff and they were now back on track to ensure staff received a minimum of four supervisions a year. We saw records to confirm that supervision and appraisals had taken place. A staff member said, "We have a great staff team who support each other. This is a great place to work."

Records showed care staff had received the training they needed to meet the needs of the people using the service. This training included, safeguarding, health and safety, food hygiene, first aid, infection control, moving and handling, medication and fire training. The manager was aware that some staff were overdue their refresher training in moving and handling and fire and had taken action to address this. Staff told us they had enough training to enable them to support people and meet their needs. One staff member said, "Our training is regular and very good. We have training on acquired brain injury coming up which I'm looking forward to."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to make decisions, staff told us they, other professionals and family had made best interest decisions. We noted that staff had carried out mental capacity assessments and best interest meetings had taken place. However, one mental capacity decision form had been used to assess people's capacity for numerous areas such as finance, health, medicines and care. In addition all best interests were recorded on one form which was confusing. We pointed this out to the manager who told us they would review mental capacity assessments and best interest decisions. The manager kept a tracker of all DoLS authorisation so these could be renewed in a timely manner.

We looked at the menu plan. The menus provided a varied selection of meals and choice. Staff supported people to make healthy choices and ensured that there was a plentiful supply of fruit and vegetables included in this. We asked people if they enjoyed the food that was provided. One person said, "The food is brilliant and there is always plenty of choice." Another person said, "The food is nice but I don't like the mash, it is lumpy." The same person said, "They [staff] are always going on about healthy eating." We observed that staff had noticed one person had not eaten their lunch and asked if they wanted something else to eat.

We saw records to confirm that people had visited or had received visits from the dentist, optician,

chiropracist and their doctor. The manager said that they had excellent links with the doctors and community nursing service. Visits from professionals were recorded in care records and detailed outcomes of these visits.

# Is the service caring?

## Our findings

People told us they were very happy and that the staff were very caring. One person said, "Their [staff] heart is in the right place." I couldn't be happier." Another person commented, "This is the best place with brilliant staff." A relative told us staff were, "Established. We know them all well." They told us the service was a happy atmosphere and that the staff showed skill and care and good communication. They told us the staff were caring and went above and beyond to support people.

During the inspection we spent time observing interactions between staff and people. There was a calm and relaxed atmosphere. We saw staff interacting with people in a very caring and friendly way, promoting independence, dignity and choice at all times. We heard staff speaking to people about topics that interested them or they had experienced in their lives. Staff took every opportunity to speak with people about their family, health, food and drink and activities. One staff member spoke to a person about their recent holiday. The person smiled and clearly enjoyed this conversation.

We saw how staff provided reassuring touches and were affectionate with people. One person who used the service became unwell. The staff member immediately reassured the person and provided comfort. The person then reached out to staff for a hug and the staff member respectfully responded to this. When another person was distressed and in discomfort the staff member sat next to them and rubbed their back. We saw from the person's face that this provided instant comfort and reassurance. When speaking with people, staff got down to their level to ensure eye contact. These examples showed that staff were knowledgeable about each individual and were able to use this knowledge to have meaningful interactions with people in a very caring way.

When we observed the lunchtime of people who used the service. We observed kindness, compassion and respect from a staff member when they encouraged and supported the person at lunchtime to eat their meal independently.

There were many occasions during the day where we saw staff and people who used the service engaged in conversation, general banter and laughter. We saw staff speak with people in a friendly and courteous manner and saw staff were discreet when speaking to people about their personal care. When one person asked staff to get something from their room the staff member respectfully asked permission to go into their room.

We saw that people were able to move freely and safely around the service and could choose where to sit and spend their recreational time. People were able to choose to go to their rooms at any time during the day to spend time on their own and this helped to ensure that people received care and support in the way that promoted their comfort, security and happiness.

It was clear staff knew people's care needs well. Staff were able to give detailed history of people who used the service, including likes, dislikes and the best way to approach and support the person. It was clear, from the interactions between staff and people who used the service that positive relationships had been built.

We looked at care plans to see how people had been involved in decisions about their care. Examination of records confirmed that people were involved in making decisions about their care and treatment on an on-going basis. Peoples lifestyle, religious and personal choices were respected by the service, people were supported to continue their preferred way of living.

The service had received many compliments. Relatives had complimented staff at the service for organising an event in memory of a deceased person who had used the service. They wrote, 'Thank you for organising such a lovely afternoon in memory of [person]. It is very humbling to see how loved [person] was by staff and service users alike. Please thank everyone involved with preparing such a fantastic spread of food. We appreciate your time spent pulling together [person's] pictures and the great sound track of Abba to compliment it. The tributes written by friends and spoken by [manager] were truly moving. Once again as in the words of [person] thank you very much.'

Staff encouraged people to be independent and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. We saw that people made such choices during the inspection day. Staff told us how they encouraged independence on a daily basis.

At the time of the inspection one person used the service of an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights.

## Is the service responsive?

### Our findings

The staff and the plentiful supply of dedicated volunteer's ensured people who used the service lived life to the maximum. One person said, "I'm excited I'm doing the Great North Run." Another person said, "You won't believe it, since you [CQC] were last here James Arthur [pop star] came here to see me." A relative told us the excellent service provided by staff made the person who used the service feel like they lived in a hotel. Another relative said, "All the staff are absolutely magnificent."

One person spoke with excitement as they told us they were taking on a hefty challenge to tackle the Great North Run. They told us that this challenge would not have been possible without the hard work and dedication of staff. This person told us how staff had helped them with their preparation and would be with them throughout the run. They told us how they were attempting with the support of staff to walk the last 10 steps over the line. Any money raised was going to be used to buy rehabilitation and physio equipment to further their own development and to help other people to regain some independence. They told us how staff had thoughtfully made a recording of their life and achievements to help raise this money. We were shown this recording which was emotional but also very inspirational. Staff and the person had carefully chosen pictures from birth to the current time. The pictures showed how the person, through the years, had achieved in many areas. They then became ill and from then on the recording had a clear message of not giving in to disability but to embrace ability and their new life.

This person told us how with the help of staff they went on holiday to Cyprus each year. In addition they had completed several courses at local colleges to challenge their brain and learn new skills. Staff had brought in a new college course brochure as the person wanted to enrol on a further course this year. This person told us how they had taken up a new hobby of photography and showed us round the garden and pointed out the many photo opportunities. We spoke with one member of staff who was clearly passionate about people and the service. They told us how they had invited this person to their home as they had a passion flower growing in their garden and they knew the person would like to photograph this. The person had enjoyed visiting the staff member's home and taking the photograph. They told us how staff were always looking for photographic opportunities for them.

One person who used the service who was a fan of the pop star James Arthur told us they, "Couldn't believe it" when James Arthur walked into their home. The activity co-ordinator had arranged for the pop star to visit the service. The person told us how the pop star had been to their room to chat and had looked at the memorabilia they had in their room. They were proud to show us their screen saver on their lap top, which was a photograph of the person and the pop star on the recent visit to the service. This person told us how delighted they were that staff had gone out of their way to make this magical experience happen.

Holidays were regular occurrences with staff supporting people to go on holidays of their choice. We saw pictures of people enjoying activity holidays and taking part in activities such as archery, the zip wire and going on a boat. One person told us they were looking forward to a holiday in Paris later in the year. Another person had crewed a Tall Ship around part of the English coastline. These holidays allowed people to take safe risks and to push themselves both physically and mentally.

During the inspection we spoke with the activities coordinator and volunteer co-ordinator who presented as being extremely enthusiastic about what they did. They told us each person had an activity profile and a book which detailed the individual activities that people had taken part in. They told us people were enabled to be part of the local community and the service was also very much part of the community, with local groups often visiting. The service received visits from the scouts and children from local schools. One of the volunteers visited the local schools (sometimes with a person who used the service) to promote disability awareness. We were told how this was a mutually beneficial partnership as the schools then raised funds and visited the service to sing and perform to people who used the service. In addition some people who used the service had volunteered to run stalls at the schools summer fair. We were told how this had given people a sense of self-worth. One person said, "I love to help out it makes me feel good. I'm always out and about even in the bad weather."

A local pub had adopted the service as their Charity of the Year. They had organised quiz nights and had regularly donated to the service. The service was also Sainsbury's Local Charity the year. This meant the service gained financially and they were able to display information on the service to raise awareness and gain a visual spot within the community. People were involved in deciding how the money was spent and discussed this in meetings. Some people were less able and enjoyed sensory activities. The service had purchased a sensory tent and placed a variety of lighting which reflected off the walls and room to create a sensory experience. In addition they had purchased a large, outdoor, wheelchair swing which enabled people with limited mobility to enjoy the experience of being on a swing but whilst remaining in their wheelchair. We saw photographs of people clearly enjoying these experiences.

A local drama group had adopted the service as the charity of the year. They performed shows for people and the public, bringing entertainers to the service's events and doing productions for people and their families. The volunteer co-ordinator told us this was a really positive partnership with the community as people were encouraged to participate if they choose, building relationships and raising awareness amongst some of the members.

For the past four years the service has been a host to two volunteers, each year, from the European Volunteer Scheme (EVS). This involved young people volunteering in activities for 30 hours a week. To date volunteers from Spain, Germany, France and Greece had volunteered at the service. Volunteers had introduced different cultural experiences such as customs, history, food and entertainment. In addition volunteers had brought specialist items such as food and drink from their own country. This has had a very positive impact on people as it has provided them with new experiences and different cultural lifestyles and traditions in addition to building positive relationships.

This past year staff and people worked on a 'Where shall we go?' project, which saw several themed days based firstly around the countries that the volunteers came from, then of places that people who used the service had visited or would like to visit. Staff arranged for an outside lady to visit the service to do Japanese exercise and writing, created the leaning tower of Pisa from pasta, hosted the Oscars from Paris, went to Hawaii and danced the night away hula hula style etc. We saw photographs of these events which showed people were very much involved and had enjoyed these events

People who used the service had also hosted events to show the volunteers traditional and typical British Customs, entertainment and foods. There was a themed event around things very British such as The Beatles and Remembrance Sunday. This promoted a partnership and gave people the opportunity to take part, often leading the discussions.

As the EVS volunteers are such a large part of the activities, they have formed very positive relationships with

the people, often supporting them (through choice) to the shops, local gyms and social groups, theatre trips and even on the holidays (In addition to Marske Hall staff). They have also had the time, and opportunity, to spend quality one to one time with people either reading, writing letters home to families or with sensory or adapted technology. The 60 hours the EVS volunteers provide in addition to Marske Hall staff means that the service were able to offer a wider and more diverse activity plan to meet the many varying requests of the people who used the service.

People, relatives and staff told us the activities provided by the service enhanced people's quality of life. One relative told us since the new activity co-ordinator started work at the service 12 months ago they had seen a big improvement in the person's wellbeing. They told us how the activity co-ordinators determination and perseverance (as well as the person's) had enabled the person to learn new skills and take part in activities they had once enjoyed at home. They told us how in crafts the person had thoroughly enjoyed sanding the wood as this had created a therapeutic effect. This relative told us the person's mood had improved and they were much more engaged with meaningful activities.

On the day of the inspection there were numerous different activities taking place with different people. People were painting, making crafts, doing jigsaws, reading magazines. In the afternoon the activity co-ordinator read a book to some people and we could hear laughter and chuckling.

Volunteers were carefully matched to people. This included matching personalities and interests. We spoke with one volunteer who supported a person to go to all the Middlesbrough football matches. It was clear from speaking with both the person and volunteer they had been very well matched. During the course of this inspection the volunteer and person engaged in banter and laughter about the football team. It was clear from the reaction of the person who used the service that they enjoyed the trips to the football matches and banter that took place.

We saw people consistently received personalised care. This meant the service putting people at the centre of all decisions whilst working alongside other professionals to achieve the best possible outcome. During discussion staff told us how they carefully considered what people wanted, their values, family, lifestyle and treating the person as an individual. During our visit we reviewed the care records of people who used the service. We saw people's needs had been individually assessed and plans of care drawn up. The care plans included people's personal preferences, likes and dislikes. Care plans clearly recorded people's non-verbal communication and what this meant. For example the care plan for one person detailed if they were happy they would smile and if they were unhappy they would scowl and grind their teeth. Staff were able to tell us how they responded to people's non-verbal communication to ensure their wellbeing. Care plans provided consistent and up to date information about the person.

During the inspection we spoke with staff who were extremely knowledgeable about the care people received. People who used the service told us how they felt supported to plan all aspects of their life.

The service had a complaints policy and procedure, details of which were provided to people when they first moved in. There have been two complaints since the last inspection which were dealt with promptly and efficiently. We spoke with people and relatives who told us that if they were unhappy they would not hesitate in speaking with the manager or staff. One person said, "I would tell them [staff] if I wasn't happy."

## Is the service well-led?

### Our findings

People and relatives spoke highly of the manager. One person said, "[Manager] is great. This is the best place." A relative said, "[Manager] is a fantastic person, well all the staff are."

Staff told us the service was well-led and the manager was extremely approachable and supportive. One staff member said, "[Manager] is smashing [they] are there for absolutely everyone. [They] go above and beyond the call of duty to make sure residents and staff are happy."

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services. Monitoring of the service was very good. The manager completed a wide range of audits to maintain people's safety and welfare at the service. These looked at quality in areas such as infection control, housekeeping, medicines, care records, the environment and health and safety. Any areas identified as needing improvement during the auditing process were analysed and incorporated into a detailed action plan. A detailed report was frequently produced in relation to quality. We saw there was a culture of continuous learning and improvement.

Staff told us team meetings took place on a regular basis and they were asked and encouraged to share their views. Meetings also took place for people who used the service and their relatives. These were used to discuss activities, upkeep of the home and to ask people if they had any concerns or complaints and any suggestions they had for improvement at the service.

There had been a recent meeting with people who used the service in July 2017; however the meeting prior to this was in September 2016. An audit undertaken by the provider in June 2017 had identified this and the manager was to set other dates for the months ahead.

We looked at the culture of the service, including if it was open, transparent and accountable. Throughout the inspection staff were open and cooperative, answering questions and providing the information and documents that we asked for.

We asked the manager about the arrangements for obtaining feedback from people who used the service and their relatives. They told us that satisfaction surveys were used to gather feedback. We saw that a satisfaction survey for people who used the service had been undertaken in January to March 2016. The results of the service showed that everyone was very happy with the care and service received. The 2017 survey had been undertaken and at the time of the inspection the provider was collating the results.

The manager understood their role and responsibilities, and was able to describe the notifications they were required to make to the Commission and these had been received where needed.