

Stoke-on-Trent City Council

Marrow House

Inspection report

Forrister Street
Meir Hay
Stoke On Trent
Staffordshire
ST3 1SQ

Tel: 01782234903
Website: www.stoke.gov.uk

Date of inspection visit:
06 August 2019
07 August 2019

Date of publication:
11 September 2019

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

About the service

Marrow House is registered to provide personal care to up to 21 people aged 65 and over at the time of the inspection. There are 16 assessment and therapy beds and an additional five places have the facility to offer residential support beds, whilst a permanent placement is identified. There were 17 people using the service at the time of the inspection.

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

People told us they felt safe within the service and received their medicines. We found the provider assessed and planned for risks and protected people from the risk of potential abuse. Medicines were managed safely. There were enough staff to support people and they were safely recruited. The service was clean, and people were protected from the risk of cross infection as staff wore personal protective equipment.

People's needs were assessed before using the service, so the provider could ensure they could meet their needs. People told us they liked the food and we found the service was maintaining people's nutritional and hydration needs. Staff told us they felt supported in their role and received training. People had access to health care when they needed it and staff worked with other agencies to provide effective care.

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

People told us they were supported by caring staff who promoted their independence. People were encouraged to express their views about their care and had their privacy respected.

People received personalised care from staff that knew them well and enjoyed the activities on offer at the service. The service supported people's communication needs. There had been no recent complaints, however there was a policy in place and people felt able to complain if necessary. We have made a recommendation about recording of end of life wishes.

The service promoted a positive, person-centred culture for people and looked to improve the care it provided to people. Systems were in place to monitor the quality of the service and it worked in partnership with others.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 17 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Marrow House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Marrow House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the strategic manager, deputy manager, assistant

managers, care workers and the cook and one health and social care professional.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of potential abuse and told us they felt safe at the service.
- Staff told us they had received safeguarding training and could tell us about different types of abuse and signs to look out for.
- One staff member told us they would report any concerns, "Straight away to the manager."
- We saw records where safeguarding referrals had been made to the appropriate authority.

Assessing risk, safety monitoring and management

- Risks to people were assessed and planned for.
- Care plans detailed how to support people with their specific needs. For example, where people had behaviour that may challenge, risk assessments were in place.
- Staff were knowledgeable about how to manage assessed risks. For example, staff knew how to support people who required a specialist diet.
- The provider had personal evacuation plans in place, in the event of an unexpected evacuation of the building and we saw records of fire drills that had recently taken place.

Staffing and recruitment

- Staff were safely recruited. The provider followed safe recruitment practices to ensure staff were suitable to work with vulnerable adults.
- There were sufficient staff to meet people's needs. People told us they did not have to wait for staff if they needed anything. For example, one person told us, "I press the button and they [staff] come."
- People were supported by staff promptly and without an unnecessary delay.

Using medicines safely

- People could be assured they received their medicines safely.
- One person told us, "They give me my medication." This included pain relief when necessary.
- There was a safe system in place to order, store and manage medicines.

Preventing and controlling infection

- People were protected from the risk of cross infection.
- Staff had access to personal protective equipment and we saw that staff wore this when undertaking tasks such as food preparation.
- The environment was clean and free from hazards.

Learning lessons when things go wrong

- The provider had systems in place to learn lessons when things had gone wrong. For example, it was identified by staff there needed to be replacement keys for the building. We spoke with the deputy manager about this who stated new ones had been ordered and were now in place.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received training to be effective in their role.
- Staff felt they received enough training to do their job well, with one saying, "I think we have quite a bit of training." However, records confirming training had taken place were not always up to date. We spoke with the deputy manager about this who stated they would take action to rectify this.
- Staff told us shift hand overs were held twice a day and they had time to read the communication book and write up daily notes, so all staff were aware of what was happening with the people living in the service.
- Staff told us they received supervision but were also able to seek support should they need it at any time.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs and choices assessed. Pre-admission assessments were completed prior to people using the service, so the provider could be assured they could meet the person's needs.
- As the service was specifically targeted for rehabilitation, the system before accepting new admissions, included contacting family members for their opinion about their relative's needs and information from health and social care professionals.
- Where people had specific needs, for example, where people were on a particular diet, there was guidance in place for staff to follow from the relevant health professional.

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

- People were supported to eat and drink enough to maintain their nutritional and hydration needs.
- People told us they liked the food. One person told us, "Oh I do like the food."
- The cook and staff were aware of people's dietary requirements and we saw people received food that was appropriate to their dietary requirements.

Staff working with other agencies to provide consistent, effective, timely care

- People received consistent, effective and timely care. Weekly multi-disciplinary reviews for people were held which included community psychiatric nurses, occupational therapists and wellbeing assessors. These reviews covered several areas including promoting independence and health issues.
- Documents were completed and kept in people's files, should they need to be admitted to hospital. These listed important details that health professionals need to know, should the person be admitted to hospital.

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

- The service was adapted to meet people's needs.
- There were signs around the service to help people to orientate, for example a picture of a toilet on the

toilet door.

- The service was designed with three separate living areas, this helped to foster a more intimate environment for people.
- Within the service, there was a 'street' which included a pub and hairdressers so help meet people's social needs.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services.
- People told us they received support from health care professionals. One person told us, "The nurse came yesterday", to help them with their health condition.
- There were healthcare professionals based within the service, such as occupational therapists who worked with people to set rehabilitation goals.

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

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working in line with the principles of the MCA.
- Mental capacity assessments were completed when appropriate and DoLS applied for when necessary.
- Staff told us they ask for consent before supporting people with personal care tasks and people we spoke to confirmed staff do this. One person told us, "Staff ask for my permission."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by caring staff. One person told us, "They [staff] come and see if you are alright."
- Another person told us, "I like the staff and I like it here."
- Staff engaged people in meaningful conversations about their interests and hobbies.
- One relative told us, "It is nice you get private family time."

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

- Service user reviews were held, so people could express their views about the care they were receiving.
- People felt able to express their views. One person told us if they weren't happy with something, "I would tell someone."
- Referrals to advocacy services were considered when necessary. An advocate is somebody who speaks up on behalf of someone who is unable to.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and said staff always shut the doors when helping them to get dressed.
- One person told us staff helped them with washing but, "I can put make up on myself."
- People's independence was promoted. One relative told us their loved one had, "Used their walking frame more here than they had ever done before."
- Staff told us how they promoted people's dignity and privacy such as keeping doors closed when supporting people with personal care and putting towels around people.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

End of life care and support

- The service does not support people at the end of their life.
- Where people had a life limiting illness then appropriate support had been sought, however records were not kept of people's preferences in relation to end of life care.

We recommend the provider considers people's end of life wishes within their care planning process.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was responsive to their needs.
- People told us staff knew them well. One person told us, "Staff know my likes and dislikes."
- Another person told us, "I am waited on in the morning. I get up and I please myself, if I need help I just ask."
- Care plans detailed people's needs and preferences, for example people's sleeping preferences and if they would like to be checked on during the night.
- Some protected characteristics from the Equality Act were considered during the care planning stages, such as religion and marital status. We spoke to the deputy manager about consideration of other characteristics, such as sexuality, and informed us they were in the process of updating care planning documents and this would be considered in them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was following the Accessible information Standard.
- Easy read versions of an overview of the service had been produced.
- Communication needs of people had been addressed in their care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us there were activities that took place within the service. One person told us, "I have played bingo and won a bracelet."
- Another person told us, "There is always something going on, every room is full sometimes."
- One relative told us, "You can visit whenever you want."

- We observed people engaged in various activities taking place on inspection, including singing, word games and a theme day.

Improving care quality in response to complaints or concerns

- The service had not received any recent complaints, however there was a complaints policy in place should people wish to.
- People told us they felt able to complain if they needed to, with one person telling us, "I would tell anyone."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- Some reviews of care plans had not identified where information did not match between documents about people's needs and their current support needs. However, staff were able to tell us about people's current needs and the deputy manager had acted to mitigate this from happening in the future.
- Accidents and incidents were recorded, and action was taken where necessary to minimise future risks. These were analysed by the provider, however not all these accidents and incidents had been received by the provider, so there could be risk they were not analysed accurately. The service was taking action to ensure a more robust monitoring system of accidents and incidents was in place in-house.
- Staff told us management were supportive and there was, "A good management and team all the way through."
- Quality checks were undertaken and completed by management to ensure staff remained competent in their role.
- The service had an improvement plan in place, which detailed improvements they wanted to make to the service, which included the use of a new care plan format.
- The service had their rating displayed as required.

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

- There was a positive culture within the service which put people at the centre of their care. People's needs were responded to attentively.
- One person told us, "You can't get a better place." And a relative stated, "I can't praise the place enough."
- A staff member we spoke with told us, "I am proud to be part of it [the service]."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was aware of its responsibilities under duty of candour. Duty of candour ensures that providers are open and transparent with people who use services, in general in relation to care and treatment. The deputy manager informed us it was about, "Being transparent."

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

- The service had links with the local community and had regular visits from children who came in to play

games with the people living at the service.

- A member of a religious faith visited the service on a monthly basis and staff told us they would arrange for people's religious needs to be catered for as and when required, for example arranging communion on a Sunday.
- The service facilitated staff meetings and meetings with people who lived at the service. During one staff meeting, it was discussed about trialling staff not wearing a uniform. This trial was still ongoing at the time of inspection.

Continuous learning and improving care

- The provider was looking into using technology as a way improving the care they provided. For example, producing a virtual overview of the service so people were able to view the service before physically arriving.
- The service was considering using one of their rooms to showcase assistive technology and for people to trial it before moving on from the service to see if it would benefit them.

Working in partnership with others

- The service worked in partnership with others.
- Staff told us they would contact the relevant health professional for people if required. For example, the occupational therapist and they would come and complete an assessment.
- One health and social care professional we spoke with told us, "Staff contact me daily and take my advice. Staff are very approachable, and we have a good relationship."