Marmora Limited

Marmora Care Home

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?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 13 May 2015 and was unannounced. Marmora provides accommodation and personal care and support for up to 27 older people, some who may have a mental health need. At the time of our inspection there were 26 people who lived in the service.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (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 and associated Regulations about how the service is run.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. The Act, Safeguards and Codes of

Summary of findings

Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals.

The service had appropriate systems in place to keep people safe, and staff followed these guidelines when they supported people. There were sufficient numbers of care staff available to meet people's care needs and people received their medication as prescribed and on time. The provider also had a robust recruitment process in place to protect people from the risk of avoidable harm.

People's health needs were managed by staff with input from relevant health care professionals. Staff supported people to have sufficient food and drink that met their individual needs. People's privacy and dignity was respected at all times.

People and their relatives were involved in making decisions about their care and support. Care plans reflected people's care and support requirements accurately and people's healthcare needs were well managed. Staff interacted with people in a caring, respectful and professional manner, and responded well to people's care and support needs.

People were encouraged to take part in interests and hobbies that they enjoyed. They were supported to keep in contact with family and develop new friendships so that they could enjoy social activities outside the service. The manager and staff provided people with opportunities to express their views and there were systems in place to manage concerns and complaints.

There was an open culture and the management team demonstrated good leadership skills. Staff were enthusiastic about their roles and they were able to express their views. The management team had systems in place to check and audit the quality of the service. The views of people and their relatives were sought and feedback was used to make improvements and develop the service.

Summary of findings

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.

Staff understood their responsibilities to safeguard people from the risk of abuse.

People were safe because staff were only recruited and then employed by the service after all essential pre-employment checks had been satisfactorily completed.

Staffing levels were flexible and organised according to people's individual needs.

People had their prescribed medicines administered safely.

Good

Is the service effective?
The service was effective.

The provider ensured that people's needs were met by staff with the right skills and knowledge. Staff had up to date training, supervision and opportunities for professional development.

People's preferences and opinions were respected and where appropriate advocacy support was provided.

People were cared for staff who knew them well. People had their nutritional needs met and where appropriate expert advice was sought.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to people in the service.

Good

Is the service caring?
The service was caring.

Staff treated people well and were kind and considerate in the way that they provided care and support.

People were treated with respect and their privacy and dignity was maintained.

People were supported to maintain important relationships and relatives were consulted about their family member's care and support.

Good

Is the service responsive?
The service was responsive.

Staff understood people's interests and supported them to take part in activities that were meaningful to them. People were encouraged to build and maintain links with the local community.

There were processes in place to deal with any concerns and complaints and to use the outcome to make improvements to the service.

Staff had a good understanding of how people communicated and used this knowledge to take their views and preferences into account when providing care and support.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led.

The registered manager supported staff at all times and was a visible presence in the service.

The service was run by an established management team that promoted an open culture, shared the same vision and demonstrated a commitment to providing a good quality service.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

Marmora Care 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.

The inspection took place on 13 May 2015 and was unannounced.

The inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who lived at the service, speaking with staff and observing how people were cared for. Some people had complex needs and were not able, or chose not to talk to us. We used observation as our main tool to gather evidence of people's experiences of the service. We spent time observing care in communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people who lived in the service, one senior care staff member, two care staff members, the cook, the administrator, one visiting healthcare professional, two visiting relative/friends, and the manager.

We looked at five people's care records, four staff recruitment records, medication charts, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe at Marmora. Comments included, “The staff always look after you I am not worried about living here. Another person told us, “I would rather be in my own home where I would feel the safest. I have not had any problems though.” The provider had taken steps to safeguard people from the risk of abuse. One relative told us, “I think [relative] is safe overall here. They don’t wander and are aware of everything so I have never really worried about them not being safe.”

Staff told us they had received training in safeguarding adults from abuse. They also told us that they were confident and knew how to support people in a safe and dignified manner. Staff knew what to do if they suspected abuse of any kind. Safeguarding referrals and alerts had been made where necessary and the service had cooperated fully with any investigations undertaken by the Local Authority. Where safeguarding referrals had been made, we saw clear records had been maintained with regard to these. The provider’s safeguarding adults and whistle blowing procedures provided guidance to staff on their responsibilities to ensure that people were protected from abuse. Staff understood the procedures to follow if they witnessed or had an allegation of abuse reported to them. People were supported to be as safe as possible because staff had a good understanding of how to protect them.

Staff understood people’s needs and how risks to people were managed. For example, staff adhered to the service policies when assisting people, who were at risk of falls, to mobilise with aids from one room to another. Staff explained what they were doing throughout the process and checked that the person understood what had been said to them and what was happening. We could see that people’s safety was maintained throughout the process. All of the staff we spoke with knew people’s needs and how to manage risks to people’s safety. Care plans contained clear guidance for staff on how to ensure people were cared for in a way that meant they were kept safe. Risk assessments were included in people's records which identified how the risks in their care and support were minimised.

We saw that the risk assessment process supported people to increase their independence. Where people did not have the capacity to be involved in risk assessment we saw that their families, advocates or legal representatives had been consulted. Care plans contained risk assessments in relation to risks identified such as nutritional risk, falls and pressure area care, and how these affected their wellbeing.

Risk assessments for the location and environment had been produced, regularly reviewed and we saw that there had been appropriate monitoring of accidents and incidents. We saw records which showed that the service equipment was well maintained and equipment such as the fire system and mobility equipment had been regularly checked and maintained. Appropriate plans were also in place in case of emergencies, for example evacuation procedures in the event of a fire.

There were enough skilled staff to support people and meet their needs. During the day we observed staff providing care and one-to-one support at different times. Staff were not rushed when providing personal care and people's care needs and their planned daily activities were attended to in a timely manner. Staffing levels had been determined by assessing people’s level of dependency and staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people’s changing needs. Staff told us that there were enough of them to meet people’s needs.

The provider had a safe system in place for the recruitment and selection of staff. Staff recruited had the right skills and experience to work at the service. Staff told us that they had been offered employment once all the relevant checks had been completed. The recruitment files we saw contained all the relevant documentation required which showed that the processes discussed had been followed. People could be confident that they were cared for by staff who were competent and safe to support them.

People received their medicines safely and as prescribed from appropriately trained staff. Medication Administration Records (MAR) were accurate. We observed the lunchtime medication round. This was done with due care and attention, and staff completed the MAR sheet after each person had taken their medicine. Each person had a medication profile which included a current list of their prescribed medicines and guidance for staff about the use of these medicines. This included medicines that people

Good

Is the service safe?

needed on an 'as required' basis (usually referred to as PRN medication). This type of medication may be prescribed for conditions such as pain or specific health conditions. No one was self medicating on the day of our inspection.

Regular medication audits were completed to check that medicines were obtained, stored, administered and disposed of appropriately. A recent audit undertaken by a local pharmacy in April 2015 confirmed this and highlighted no anomalies. Staff had received up to date medication training and had completed competency assessments to evidence they had the skills needed to administer medicines safely.

Good

Is the service effective?

Our findings

People and their relatives told us the staff met their individual needs and that they were happy with the care provided. One person told us, "Oh it is lovely here, I am only here to recover before I go back home but it is definitely helping me get better whilst I rest here." Another person told us, "When you can't look after yourself it is not easy but the staff here are very kind and helpful. One relative told us, "The staff are lovely, I can't fault the staff."

Staff told us that they were supported with regular supervision, which included guidance on things they were doing well. It also focused on development in their role and any further training that would benefit them. We observed briefly one member of staff participating in a supervision meeting with the manager. Staff also attended staff meetings where they could discuss both matters that affected them and the care management and welfare of the people who lived in the service. Opportunities for staff to develop their knowledge and skills were also discussed and recorded. The management team supported staff in their professional development to promote and continually improve their support of people.

People were cared for by staff that were well trained to deliver their duties. The staff we spoke with told us they had received enough training to meet the needs of the people who lived at the service. Training for staff was a mixture of e-learning and group based sessions, and staff told us the training was good and gave them the information they needed to meet people's needs. Training was well managed and updates for established staff were provided when they were due. One staff member told us, "We are always being encouraged to do training. I think it is good we need it to be able to do our jobs properly." We reviewed training records and saw that staff had received training in a variety of different subjects relevant to the needs of the people whom they provided care and support to. Staff had a good understanding of the issues which affected people. Staff were able to demonstrate to us through discussion, how they supported people in the areas they had completed training in such as moving and handling, dementia, health and safety and nutrition.

Staff had the skills to meet people's care needs. They communicated and interacted well with the people who used the service. Training provided to staff gave them the information they needed to deliver care and support to people to an appropriate standard. For example, staff were seen to support people safely and effectively when they needed assistance with mobilising or transferring or when eating.

People's capacity to make day-to-day decisions was taken into consideration when supporting them and people's freedom was protected. The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People who could not make decisions for themselves were protected. The manager had made appropriate DoLS referrals where required for people. Staff had a good understanding of Mental Capacity Act (MCA) 2005 and DoLS legislation and new guidance, to ensure that any restrictions on people's activities were lawful. Records and discussions with staff showed that they had received training in MCA and DoLS and they understood their responsibilities. Person centred support plans were developed with each person which involved consultation with all interested parties who were acting in the individual's best interest.

People were complimentary about the food. They told us they had enough to eat, their personal preferences were taken into account and there was a choice of options at meal times. One person told us, "The food is good you get enough to eat here." The cook described people's specialist diets and how these were catered for. One relative raised a point regarding the dining room not being facilitated fully at supper and people eating in the lounge area. This was discussed with the manager who agreed to review the situation to ensure people's dining experience was improved. People were not rushed to eat their meals and staff used positive comments to prompt and encourage individuals to eat and drink well. Staff made sure people who required support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully. Suitable arrangements were in place that supported people to eat and drink sufficiently and to maintain a balanced diet. For example care plans contained information for staff on how to meet people's dietary needs and provide the level of support required. People were happy and interacted well with staff whilst enjoying their meal. We saw that where people had specialist diets, a balanced diet was followed and people had plenty of snacks and drinks offered throughout the day.

The service appropriately assessed people's nutritional status and used the Malnutrition universal screening tool

Good

Is the service effective?

(MUST) to identify anyone who may need additional support with their diet such as high calorie drinks or specialist diets. People had been regularly weighed and where necessary referrals had been made to relevant health care professionals including speech and language therapists for issues around swallowing, or dietetic services for people with particular dietary requirements.

People's day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. The service had regular contact with GP support and healthcare professionals that provided support and assisted the staff in the maintenance of people's healthcare. These included district nurses, the chiropodist, dietician, speech and language therapists (SALT) and social workers. People were encouraged to discuss their health. Regular reviews were carried out by health professionals to monitor improvements or changes that may require further professional input.

Good

Is the service caring?

Our findings

All of the people we spoke with including relatives were complimentary about the staff and the manner in which people were cared for. Comments included, "I am very pleased with the care here, the staff try so hard." And, "I am well looked after." In September 2014, the provider carried out a residents' and relatives' survey as part of its quality monitoring process. Comments from these included, "From my limited experience the staff appear to promote good health at every opportunity." And " I've been completely satisfied with my [relative's] treatment and have every confidence that the staff are doing their utmost to provide the residents with the best care possible."

The atmosphere within the service was welcoming, relaxed and calm. Staff interactions with people were kind and compassionate. We observed the service had a culture which focused on providing people with care which was personalised to the individual. Staff were passionate and caring. We observed lots of laughter and positive communication between people and staff. People were relaxed with the staff supporting them.

Staff demonstrated a good knowledge and and understanding about the people they cared for. They told us about people's individual needs, preferences and wishes and spoke about people's lives before they started using the service. Staff were able to describe people's needs and preferences in a clear, concise and compassionate way. We saw that staff treated people with dignity, spoke to them respectfully and promoted their independence. Everyone looked relaxed and comfortable with the care provided and the support they received from staff. Staff interacted with people positively at each opportunity. For example, greeting each person as they entered communal areas. Staff discussed people's personal care needs discreetly. This showed that staff knew people and understood them well. People told us the staff respected their choices, encouraged them to maintain their independence and knew their preferences for how they liked things done.

People told us and our observations confirmed that staff respected people's privacy and dignity. We saw that doors to bathrooms and people's bedrooms were closed during personal care tasks to protect people's dignity. Staff demonstrated their understanding of what privacy and dignity meant in relation to supporting people with their personal care. Staff described how they supported people to maintain their dignity.

Staff addressed people by their preferred names, and chatted with them about everyday things and significant people in their lives. Staff were able to demonstrate they knew about what was important to the person. We observed during our inspection that positive caring relationships had developed between people who used the service and staff. Staff told us how they respected people's wishes in how they spent their day and the individually assessed activities they liked to be involved in. People were supported to maintain relationships with others.

There was a strong emphasis on supporting people to express their views and opinions as to how they wanted to live their lives. As well as regular meetings, care plan reviews and surveys, people had been enabled to express their views about how they wanted to be cared for at the end of their life. Care plans described how people wanted to be supported during the end stages of their life and their expressed wishes in the event of that. Staff were also able to explain when people had expressed preferences and choices around their end of life care. This was recorded within their care plan and where people had made a decision about resuscitation, a completed 'do not attempt resuscitation' (DNAR) directive was in place. Relatives where appropriate had also been involved in the planning and review of care plans. We were assured that people had been involved in making decisions and the planning of their care.

There were systems in place to request support from advocates for people who did not have families Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

Good

Is the service responsive?

Our findings

People and their relatives told us that they felt the service met their needs and they were satisfied with the care and support they received. They had been given the appropriate information and opportunity to see if the home was right for them, and could respond and meet their needs appropriately prior to moving in. People also told us they had had the opportunity to be involved in their care planning. One person told us, "It is wonderful here, I don't think you can better it. I needed to go to hospital and they arranged someone to go with me." Another person said, "I think they do their best here to get things sorted out. I am ok they help me well." A recent relatives survey in September 2014 included comments such as, "Marmora is brilliant. If I had a gold star they would have it, the staff are lovely and very caring." And, "A very grateful thanks to you all as my life is so much better knowing [relative] is being looked after so well. A huge weight off my shoulders."

Care plans included a full assessment of people's individual needs to determine whether or not they could provide them with the support they required. Care plans were comprehensive and provided staff with the guidance they needed in how to support people with their identified needs such as personal care, receiving their medicines, communication and with their night time routine. Care plans were focussed on the person's whole life and reflected how people would like to receive their care, treatment and support. For example, there was information that detailed what was important to the person, their daily routine and what activities they wanted to be involved in.

People's changing care needs had been identified promptly, and were regularly reviewed with the involvement of the person and or their relatives.

Care plans contained guidance for staff which described the steps they should take when supporting people who may present with distressed reactions to other people and or their environment and were at risk of falls. Our observations and conversations with staff demonstrated that guidance had been followed. We observed occasions when one person presented as confused about where they were, and staff responded in calm, comforting manner, allowing the person time to respond and process the answers given to them. Another person who was at risk of falling, was attended to promptly when they raised from their seat and forgot to take their walking aid with them. Staff ensured the person was safe and stayed with them whilst they mobilised to where they wanted to go.

There was an individualised approach in the planning of activities to meet people's needs and promote their sense of wellbeing. The staff knew the people they cared for well, this included their preferences and care needs. Staff described how they encouraged people to maintain their independence and to get involved in daily activities of their choice. Staff told us that people were supported with a variety of activities that they were interested in, and supported to maintain any hobbies and interests they had.

People were supported with a variety of activities that they were interested in and supported to maintain their hobbies and interests. This was confirmed from our discussions with people and their relatives. One to one time was scheduled and provided for people, such as sitting and chatting, reading a newspaper, armchair exercises and listening to music. One person and their relative told us, "It would be nice to see people go out more." The manager told us a newsletter had now been produced to promote external activities and we saw that a theatre trip had been planned for June 2015. It also detailed the date and time of the next residents meeting for May 2015, a forthcoming coffee morning and an on-going gardening initiative every Thursday afternoon. People told us they could choose to spend time alone in their rooms or be involved in group activities. We were shown how activities that had taken place were recorded and monitored for attendance and participation. People's individual choices and views had been sought in the future planning of activities.

All of the people we spoke with told us they were content with the service they received and would speak to the manager or other staff if they needed to. People told us that if they had raised any concerns this had been dealt with promptly and sensitively. For example one relative raised a point about the blinds in the service being broken and when this was raised with the manager they agreed to get them repaired immediately. People told us they had daily access to the management team and found them and the staff approachable. They also told us they had regular opportunities to express their views about the care they received through care reviews, residents meetings and surveys.

Good

Is the service responsive?

No formal complaints had been received within the last 12 months. Records of complaints received previously showed that they were acted upon promptly and were used to improve the service. Feedback had been given to people explaining clearly the outcome and any actions taken to resolve any concerns. Staff were aware of the actions that they should take if anyone wanted to make a complaint. There was a complaints procedure in place which was displayed prominently in the service for people to refer to.

Good

Is the service well-led?

Our findings

People and their relatives told us they were happy with the management and staff. They all told us they felt involved in how the service was run and were asked for their views in planning improvements. All the people we spoke with told us they knew who the manager was and comments included, "I would be able to raise an issue with the manager and I believe they would put things right." People told us they had no concerns with the management and staff. We also received positive comments about the manager and deputy manager from staff who told us that they were approachable, fair and communicated well with them.

All of the staff told us they worked in a friendly and supportive team. They felt supported by the manager and they were confident that any issues they raised would be dealt with. Staff felt able to raise concerns with their manager and felt listened to by both manager and colleagues. Staff felt able to suggest ideas for improvement, and had access to regular staff meetings, supervision and annual appraisals. Staff told us that communication was always inclusive and they were consulted about any proposed changes.

Staff were supported with training to make sure their knowledge and skills were up to date in particular when supporting people living with dementia. We were told the focus of this training was on equipping staff with the skills and understanding they needed and giving them opportunities to discuss how well they were doing as a team in promoting individualised, quality care to people.

The culture of the service was centred around people who used the service, and tailored to meet their care, treatment and welfare and needs. Staff understood their roles, responsibilities and own accountability, and the service maintained good links with the local community.

The management of the service had processes in place which sought people's views and used these to improve the quality of the service. Relatives and visitors told us they had expressed their views about the service through one to one feedback directly, surveys and through individual reviews of their relative's care. We looked at the responses and analysis from the last annual quality of service programme and satisfaction surveys in September 2014. This provided people with an opportunity to comment on the way the service was run. We saw that the majority of resident and relative respondents strongly agreed with the statements which related to the care provided and about living in the service and that no one strongly disagreed with anything. Action plans to address any issues raised were in place and were either in progress or completed.

Systems were in place to manage and report accidents and incidents. People received safe quality care as staff understood how to report accidents, incidents and any safeguarding concerns. Records of one incident documented, showed that staff followed the provider's policy and written procedures and liaised with relevant agencies where required.

The manager told us that the provider monitored trends such as the number of falls and any medication errors. Issues identified and the response of the manager protected people from identified risks and reduced the likelihood of re-occurrence. Effective quality assurance systems were in place to identify areas for improvement and appropriate action to address any identified concerns. Audits, completed by the registered manager and senior staff and subsequent actions had resulted in improvements in the service. Systems were in place to gain the views of people, their relatives and health or social care professionals. This feedback was used to make improvements and develop the service.