

Grangemoor Care Homes

Marmion Nursing Home

Inspection report

17 Stretton Street
Glascote
Tamworth
Staffordshire
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Tel: 0182767953

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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

We inspected Marmion Nursing Home on 1 September 2016 and it was an unannounced inspection. They were last inspected in November 2013 and were fully compliant against the standards we reviewed. The home provides personal and nursing care for up to 24 people for people who have mental health needs. There were 22 people living there at the time of our inspection visit.

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.

Medicines were administered to meet individual needs and were stored securely in order to reduce the risks associated with them. Risks to people's health and wellbeing were assessed, actions were put in place to reduce them and their effectiveness was monitored and regularly reviewed.

People said that they felt safe and staff understood their responsibilities to protect them from harm. They were supported to maintain good health and had regular access to healthcare professionals. Their care plans were regularly reviewed to correspond with changing support needs. They were encouraged to maintain their independence and consented to the care and support they received.

Staff received training and support to enable them to fulfil their role effectively and were encouraged to develop their skills. There were sufficient staff to meet people's needs promptly and safe recruitment procedures were followed. They developed caring relationships with the people they supported and they knew people well and provided care that met their needs. People's privacy and dignity were maintained at all times.

People knew who the registered manager was and stated that they were readily available and supportive. Staff told us that they were supported through regular supervision and appraisal. Systems were in place to receive feedback on people's experiences. There were systems in place to drive quality improvement which included regular audits.

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 supported to take their medicines safely and there were systems in place to store them securely. Staff knew how to keep people safe from harm and how to report any concerns that they had. Risks to people's health and wellbeing were assessed and plans to manage them were followed. There were sufficient staff to ensure that people were supported safely and safe recruitment procedures had been followed.

Is the service effective?

Good ●

The service was effective.

Staff received training to enable them to work with people effectively. They understood how to support people to make decisions about their care. People were supported to maintain a balanced diet and to access healthcare when required.

Is the service caring?

Good ●

The service was caring.

Staff developed caring, respectful relationships with the people they supported. They were supported to make choices about their care. Their privacy and dignity were respected and upheld. Relatives and friends were welcomed to visit freely.

Is the service responsive?

Good ●

The service was responsive.

People were included in planning and reviewing their care. They were supported to pursue interests and to maintain their independence. People knew how to raise concerns and there was a complaints procedure in place.

Is the service well-led?

Good ●

The service was well led.

People knew the manager and reported that they were approachable. There were systems in place to drive quality improvement and regular checks took place. The staff team felt well supported and understood their responsibilities.

Marmion Nursing 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 visit took place on 1 September 2016 and was unannounced. It was carried out by one inspector and one specialist adviser. The specialist adviser had professional expertise as a mental health nurse.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public.

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 us to come to our judgement.

We used a range of different methods to help us understand people's experiences. We spoke with nine people who used the service about their care and support and to the relatives of two other people to gain their views. Some people were less able to express their views and so we observed the care that they received in communal areas. We spoke with five care staff, the deputy manager and a health professional. We looked at the care records of five people to see if these were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

People were kept safe by staff who understood how to recognise and report suspected abuse. People we spoke with told us that they felt safe. One person said, "I do feel safe because I know the staff well and they know me and how to help me and keep me safe". Another person said, "I feel safe". One relative we spoke with told us, "My relative is definitely safe and well cared for here". Staff we spoke with knew what signs of abuse could be and could tell us how they would report any concerns. One member of staff said, "I would bring it to the managers attention and if the situation was being caused by the manager I would go to providers who own the home or report it to safeguarding and CQC". Another member of staff told us, "I was asked about safeguarding in my interview and talked about what steps I would take if I was worried about someone. This really gave me confidence that the managers would take any concerns seriously". We saw that there were posters on the walls in communal areas which detailed the local contacts to report safeguarding concerns. One safeguarding concern had been reported to the local authority and measures were put in place to immediately protect the people involved as well as long term plans to avoid repetition. The provider had also worked closely with other agencies and provided people with ongoing support to protect them from harm and abuse in the local area. This showed us that the provider took action to protect people from harm and to keep them safe.

People were supported to manage risks to their health and wellbeing to keep them safe. One person told us, "The medicines that I take mean that I have to be closely monitored and it is excellent that the staff here are trained to do that with me instead of having to keep going to a clinic". We looked at the records related to this and saw that the reviews took place regularly and action was taken to address any concerns. We saw that one person was observed by staff during a meal to ensure that they were safe while maintaining their independence to eat independently. When the person required assistance the member of staff gave it discreetly. When we spoke with the staff member they were able to describe the risk and the actions that they followed to minimise it. The records that we reviewed confirmed that the risk had been assessed and that staff were following the plans put in place. We observed people being supported to move safely and in line with their care plans; for example, two staff supporting someone to transfer to a different chair. Staff we spoke with were aware of people's emergency plans and the level of support they would need to evacuate the home. Records that we reviewed confirmed this. This meant that the provider was assessing risk to people, managing it by taking action to reduce it and monitoring the effectiveness of those actions through regular reviews.

People told us that they received their medicines when they should and that they were happy with the way that they were managed. One person said, "The staff look after them for me. They give me them in a pot and then I take them with a drink. It works well". Another person said, "I get my medicines when I need them". One relative we spoke with said, "The staff were concerned that my relative's medicine was not working as well as it should and so they have got other professionals involved to review them". When people needed to take medicines 'as required', there were protocols in place to assist staff to know in which circumstances they should be administered. These included medicines that people took for pain or to assist with their anxiety. We saw that records were maintained which detailed when they were taken and monitored their use. We observed people being given their medicine to meet their individual needs and

time was taken to support people if necessary. Records were kept and medicines were stored safely to manage the risks associated with them. This demonstrated that medicines were managed so that people received them safely.

People we spoke with told us that there were enough staff and they did not have to wait to have their needs met. One person said, "There are always plenty of staff to help you out when you need it". A relative we spoke with said, "When we visit there are always staff mingling about and we can chat to them at any time about how our relative is getting on". We saw that staff were able to respond promptly to any requests for assistance and they had time to sit speaking with people or to assist them with their hobbies. One member of staff we spoke with said, "There are always plenty of staff and if several people we support have appointments then we will have more staff on shift". This meant that the provider ensured that there were sufficient staff to meet people's needs.

The provider followed recruitment procedures to ensure that staff were safe to work with people who used the service. One member of staff we spoke with said, "I completed an application form and they took two references and did my DBS checks. I had to wait for them to come back before I started". The DBS is the national agency that keeps records of criminal convictions. Records that we reviewed confirmed that these checks had been made.

Is the service effective?

Our findings

People were supported by staff who had the skills and experience to fulfil their roles effectively. One person said, "The staff here are great. They have really listened to me and have been able to help me sort out some problems". Another person told us, "The staff are nice they help me when I need something". Staff told us that they had the training and support that they needed to be able to do their jobs well. One member of staff described their induction. They said, "I have been paired with a more experienced member of staff for my shifts so that I can learn from what they are doing and how they support the residents. I have also started my Care Certificate; I did some work at home while I was waiting to start and then I have been observed when I am at work and supported to complete the paperwork". The Care Certificate is a national approach to meeting induction standards in social care. Another member of staff described their ongoing training. "We do quite a lot of training through workbooks which are good and mean that you keep up to date. We also have in house training from the nurses or visiting specialists. We recently had one on diabetes which was a really useful refresher". Another member of staff told us, "We get a good mixture of general training and then support around people's specific needs". Staff told us that they received training specific to their job roles and one said, "I am supported to maintain my professional registration and to attend events to support with my learning for this".

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 looked to see whether the provider was working within the principles of MCA. Staff we spoke with understood about people's capacity to make decisions for themselves and could describe how they supported them to do so. One member of staff said, "We have had training in mental capacity and it helps you to think about the decisions people can make for themselves". Another member of staff said, "People we support often have fluctuating capacity which depends on how well they are at that time; and so we try to make decisions with people when they are well". Records that we reviewed showed that when needed people had mental capacity assessments in place. The staff had identified where people may have restrictions placed upon them. One DoLS authorisation had been granted to legally restrict a person's liberty to maintain their safety and further applications had been made.

People told us that they had good meals and were always offered a choice. One person said, "The food here is delicious". Other people told us that they were involved in meetings to plan what food they would have. One person said, "If I ask for something it is always put on the menu". We saw that some people were provided with a different meal to the one planned at their request. One person explained, "I don't like that meal, soup is my favourite". When people needed assistance to eat or drink it was provided discreetly and respectfully. Specialist diets were prepared to meet assessed need and records of food and fluid taken were maintained for some people who were nutritionally at risk. This meant that the provider ensured that

people had enough to eat and drink and maintained a balanced diet.

People had their healthcare needs met. One person said, "The staff help me to make and keep appointments and sometimes they come with me if I feel I need the support". Another person said, "I go to see different people regularly such as the chiropodist". A healthcare professional we spoke with said, "The staff are extremely supportive in assisting us to monitor people's ongoing health. They can do some tests in the home which helps to avoid delays in supporting people". One member of staff we spoke with said, "We work closely with the relevant professionals to ensure we have the correct plan in place and so that people get joined up support". When we looked at people's records we saw that there were joint plans with other professionals in place to support people with certain conditions. This meant that people were supported to maintain good health and to access healthcare services.

Is the service caring?

Our findings

People we spoke with told us that the staff were kind and that they got on well with them. One person said, "You won't find anything wrong with this place it is like a four star hotel they look after us that well". Another person told us, "They are all nice, including the cleaners, kitchen staff and maintenance people; everyone. They treat me better than my own family". One relative we spoke with said, "My relative had been very unwell and really needed a home and that is what they have here. The staff are caring and wonderful". We saw that staff spent time sitting with people and talked to them about how they were feeling and tried to support them with any concerns. Staff knew people well and we observed that they altered their communication style to meet individual need. They were aware of their personal histories and we saw that when one person was anxious staff were able to reassure them because of their knowledge of their family situation. One member of staff we spoke with said, "A lot of us have worked here for a long time and built up close relationships with the people we support and their families; we are like family". This showed that staff had positive relationships with people which took account of their previous social history.

People we spoke with told us that they were involved in making decisions about their care. One person said, "I am always given a choice". Another person said, "I can come and go as I want to. They talk to me about how to keep in touch but they respect that I like to be out and about". We observed that people were given a choice about every decision. People were asked what they wanted to do on that day as well as planning ahead for the next few days. We also observed that people informed staff what they wanted to do at short notice and plans were made to accommodate these decisions. People chose to spend time in their rooms or in one of the communal areas that they chose. This meant that they could have more privacy or spend time in a quieter environment. We saw that one person had little verbal communication and staff supported them to communicate that they did not want to eat at the same time as others and so arrangements were made for a later mealtime. This showed that people were actively supported to make choices about the care that they received.

We saw that people's dignity was promoted and they were treated with respect. One person invited us to see their room which was personalised to their taste. They had their own key and the room was locked when they were not in it which maintained their privacy. We saw that staff spoke with people about personal matters privately. Visitors were welcomed and we observed that some of them spent time in the home with their relatives while others went out with them. One relative said, "Sometimes I give them very little notice that I am coming because I need to come when I can get a lift but it is never a problem and I am always welcomed".

Is the service responsive?

Our findings

People were supported to plan their care and to review it regularly. One person we spoke with said, "We have set some longer term goals for me to live more independently. Although the idea of moving is scary I am not being rushed and I am being supported to learn new skills so that I can look after myself. I am confident that we have the right plan in place and that if I am unsure I will be listened to". Another person told us, "Most of the time I plan my own time including some volunteering work. I usually know when I am starting to feel unwell and at that point it is planned how staff will support me". People also told us that they had reviews of their care. One person said, "We have a review and write a report and that includes what we think and what we agree to". Records that we looked at showed how people had been involved and were signed by the person when they were able to. Staff told us that they knew what was in people's care plans and we saw that care was given in line with them. One member of staff said, "We discuss each person at handover every shift to make sure that we all know what has been happening for them. If there is anyone we are concerned about or are monitoring something then they have an alert which means that we all give that more attention". One healthcare professional we spoke with said, "Whenever there is a query we find that whoever picks up the phone has a good understanding of the person and their current health". This showed that the provider planned personalised care with people and that they monitored when their needs changed and altered care to address this.

We saw that staff knew people well and were aware of their preferences. Some people were supported to spend time with friends and get involved in conversations while others preferred to spend time alone. Other people were assisted to use the computer to keep in touch with friends or for their own interests. One member of staff we spoke with said, "We support everyone to live their life how they choose. For example, we have arranged for one person to be visited by someone from their church to assist them with their religious study".

People we spoke with told us that they were supported to follow their interests and hobbies. One person said, "There is always something on offer for us to get involved with. I like to go to the pub for lunch and enjoy parties that we organise for people's birthdays but don't really do the group activities". In the PIR the provider told us that some people had recently undertaken some training alongside staff. One person we spoke with told us, "I have completed my basic food hygiene and staff helped me to do the paperwork. It means that I can use the kitchen to cook meals I like". One member of staff we spoke with said, "It can be difficult to motivate people to get involved in things but we are always trying new approaches and making contacts with other organisations to develop this". We saw that people were supported in activities such as knitting, doing a crossword and reminiscing about their past.

People we spoke with told us that they knew who to speak to if they had any concerns. One person said, "I can speak with the manager or any staff if I am not happy but I have never had to complain". A relative we spoke with said, "I do know how to complain but I have never had to". In the PIR the provider told us that they displayed their complaints procedure and duty of candour policy in the reception area and we saw that they were there. There had been no complaints received and the compliments that were sent in were shared with staff and people who were supported by the service.

Is the service well-led?

Our findings

There was an open culture which encouraged feedback with the managers and the provider. People we spoke with knew who the manager was and said that they were approachable. One person said, "The manager is good and if you go to them with a problem they always listen and help you to sort them out". One relative we spoke with said, "The manager is really nice and we can speak with them anytime we need to". Another relative told us, "I speak with the manager or any of the staff if there's anything I need to know. They are always happy to talk to me and they do a good job of letting me know how things are when I can't visit". One member of staff said, "All of the managers are approachable and I know that if I needed to look at whistleblowing that they would listen and support me". Whistleblowing is the procedure for raising concerns about poor practice and this showed that staff and the manager understood it. Another member of staff said, "The provider is very friendly and easy to talk to. They visit regularly and always spend time speaking with the people who live here".

People who lived at the home told us that there were weekly meetings with the manager. One person said, "The manager takes the meeting and it is a really good chance for us to clear the air with each other and give feedback to the staff. It's also good to get feedback about what's been planned". People told us that they used these meetings to plan holidays and events as well as deciding how money should be spent. One member of staff said, "We were successful in obtaining some funds and through the meeting we decided to buy garden furniture and a barbeque so that people could have more enjoyment from the garden". In the PIR the provider told us of future plans to make the meetings more inclusive. They said, 'Whilst we have regular meetings with the people we support, we have noticed that the general attendance is around 70%. As we are aware, some people we support do not feel comfortable in a group environment. Therefore, following each meeting, a member of the team will see the people who did not attend, explain what was discussed and gain their views on this'. There were also satisfaction questionnaires completed with people and their relatives and the feedback from these was used to plan the development of the service. This meant that the provider had systems in place to listen to people who used the service and used their feedback to help to improve it.

Staff we spoke with described shared values. One member of staff said, "We are a small team; the owner and manager are very friendly and supportive and work with us so that it is a team effort. We all do our best for the people and that's how it should be". They said that they felt supported by the manager. One said, "I know I can go to the manager whenever I want and they are always happy to help". Another member of staff we spoke with told us, "The managers are very supportive and I have regular appraisals where we discuss my progress and look at qualifications to develop my skills". One more said, "We have regular team meetings and a notice is put up the week before so that you can raise anything you want to discuss. I am happy to add anything I think needs looking at".

Audits were completed regularly to drive quality improvement. These included infection control and the deputy manager told us, "We pay for an external infection control audit annually because we think it is important to have fresh eyes on it. We have completed all of the actions from this one except to put some taps in the medication room and this is scheduled". We saw that there were maintenance and

refurbishment plans in place. The deputy manager told us how they continually reviewed how they delivered the service. They said, "We have recently put a part time trainer role in to release some of the pressure from the nurses and so that one person is accountable for monitoring progress. We also keep on top of research and in response to findings about people with mental health problems having poor health we implemented new tools into our care planning to ensure that we monitor this more closely". In the PIR the provider described how the manager kept their knowledge up to date. We saw that staff understood their responsibilities. They said, 'They attend managers' forums and all of the information gained from these sessions is cascaded back to the home environment and implemented where necessary'.

The registered manager understood the responsibility of registration with us and notified us of important events that occurred in the service which meant we could check appropriate action had been taken.