

Barchester Healthcare Homes Limited

Marple Dale Hall - The New Windsor

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Marple Dale Hall – The New Windsor is a care home providing personal and nursing care for 57 people at the time of the inspection. The service can support up to 63 people. The service provides care to people living with dementia, physical disabilities and/or an acquired brain injury.

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

People felt safe and were happy with how they were supported. People's needs and risks were assessed, and equipment used to support people to remain independent. Where things had gone wrong, work was completed to ensure lessons were learnt. Staff were recruited following safer recruitment methods and there were enough staff to meet people's needs. The service was clean and tidy. Medicines were managed safely, however we recommend reviewing how people are supported to have their medicines crushed safely, and processes for recording the application of topical medicines such as creams.

People's needs were assessed, and choices and preferences supported and respected by staff. Staff completed a variety of training and felt well supported in their role. We have made a recommendation about training in line with requirements. People were supported to access various healthcare input as needed and staff followed advice given. People were supported to eat and drink well, and mealtime experiences were pleasant. Feedback about the quality of food was mixed and ongoing work was being completed to improve this. 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.

A wide variety of systems were in place to ensure the quality and safety of the service and, where issues were identified, action was taken to address any shortfalls. People, relatives, and staff spoke positively about the management team and felt able to share feedback and raise concerns. The management team used a variety of processes to obtain feedback from people, families, and staff. The registered manager and staff were committed to ensuring positive experiences of care and people were supported to have improved outcomes.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 July 2021) and we found breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We carried out an unannounced focused inspection of this service on 8 June 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person-centred care, safe care and treatment and good governance at the service. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Marple Dale Hall – The New Windsor on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation that the provider ensures all mandatory training in line with the requirements of regulation and best practice are available and being completed by staff as needed and the provider reviews how people are supported to have their medicines crushed safely, and processes for recording the application of topical medicines such as creams.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Marple Dale Hall - The New Windsor

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 1 inspector and an Expert by Experience on the first day of inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day of inspection an Inspector, a medicines inspector and a nurse specialist nurse advisors were present at the service.

Service and service type

Marple Dale Hall – The New Windsor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Marple Dale Hall – The New Windsor is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the

quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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. This included any information of concern and notifications the service is required to submit regarding any significant events happening at the service. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed staffing levels and walked around the building to ensure it was clean and a safe place for people to live. We observed how staff supported people and provided care.

We spoke with 8 people who use the service, 4 relatives and 12 members of staff, including the manager, deputy manager, senior care workers, care workers, auxiliary staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including 10 people's care records. We looked at 4 staff files in relation to recruitment, training, and support. We reviewed 9 medicine administration records and looked at medicines related documentation. We observed medicines administration, checked storage, and spoke with 3 staff in relation to the management of medicines. A variety of records relating to the management of the service, including policies and procedures were examined.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection the provider had failed to ensure medicines were safely managed. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- For medicines that were administered when required there were person centred protocols in place. These provided staff with enough information to administer these medicines safely.
- Where medicines needed to be crushed prior to administration to be given covertly in food or drink or to be administered via a PEG there was not always instructions from a pharmacist to ensure these were given in a safe way. A Peg is a flexible feeding tube placed through the abdominal wall and into the stomach and allows nutrition, fluids and medication to be administered bypassing the mouth. For one person where a pharmacist had provided clear directions on how to administer the medicine staff did not always follow the directions given.
- Records used for topical preparations such as creams were not always completed accurately. This meant we could not be assured that creams were being applied correctly.

We recommend reviewing how people are supported to have their medicines crushed safely, and processes for recording the application of topical medicines such as creams.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe. I've made many friends here and I am very happy." A relative told us, "Yes [family member] is very safe. They are regularly checked."
- Staff understood their responsibilities and were committed to keeping people safe. The service had appropriate policies in place and most staff had completed training in this area.

Assessing risk, safety monitoring and management

- People's needs, and risk were assessed and information about how to mitigate risk provided within care plans. Staff told us communication was good and they received updates if anything changed.
- People had equipment put in place to mitigate risk, for example bed rails, sensor mats and call bells.

Information about this was incorporated into care plans. We noted these were generally in place in people's rooms, although we found a couple of examples where people did not have their call bells within reach.

- People had individual personal emergency evacuation plans (PEEPS) and an overview of how to evacuate people in an emergency was readily available, together with other equipment, in the event of an emergency.

Staffing and recruitment

- People and families had mixed views about staffing arrangements. Some people told us that they had to wait if they used the call bell, and there were times when staff were not visible in the home. One person told us, "I think there could be more [staff]." A relative told us, "I think there is normally always enough staff around. There's sometimes an odd spell they're not fully staffed."

- The registered manager and provider had worked to address issues of staffing and enable consistency of staff as much as possible, through recruitment processes and pre planning for any shortfalls in staffing levels. Feedback from staff was that there were generally enough staff to meet the needs of people.

- Safe recruitment practices were being followed including checks with previous employers and the disclosure and barring service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There were no restrictions on care home visiting at the time of inspection. People were able to enjoy regular visits from friends and family in line with the guidance in place at the time.

Learning lessons when things go wrong

- Systems were in place to ensure lessons were learnt when things went wrong. A variety of meetings were in place to ensure oversight of people's risk and needs and that any action taken was embedded and effective. One relative commented, "There was an incident, but it was sorted out. They sort out anything that gets raised or happens."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the last inspection the provider had failed to ensure staff provided people with individualised care which met their needs. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's needs were fully assessed prior to living at Marple Dale Hall. Assessments were fully completed, subject to regular reviews, and used to develop appropriate plans of care. Care plans were person-centred, but due to people's complex needs could at time be lengthy, making them difficult to navigate.
- People generally felt they had choice regarding daily life. However, the feedback regarding choice in the morning was less positive with some people making comment such as, "I have to wait in the morning for someone to get me up. I have to get up when it suits them because they have to move me with a hoist."
- People generally told us care was delivered in a person-centred way and spoke very positively about how kind and caring staff were. One person said, "They are very kind and caring to me." One family member commented, "They [staff] were all lovely and took their time getting to know our [family member]. They made them laugh and we are very grateful for that."
- People were encouraged to take positive risks and staff worked with people to support this. For example, people were supported to go on holiday with appropriate nursing care and support being in place.
- We found it was not always evident that oral care was being given and discussed this with the registered manager. They took immediate action to address any shortfalls in this area.

Staff support: induction, training, skills and experience

- People generally felt staff had the knowledge and skills to support them. One person said, "They know how to do things and make it nice for me." Relatives agreed and one commented, "Yes the staff know what they are doing."
- Staff spoke positively about the induction and training they received and told us they felt well supported in their roles. Clinical staff were knowledgeable and demonstrated a good understanding of how to meet people's needs. However, the training matrix did not demonstrate all relevant training in line with regulatory requirements and best practice was being completed.

We recommend the provider ensures all mandatory training in line with the requirements of regulation and best practice are available and being completed by staff as needed.

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

- The mealtime experience was positive and relaxed. Tables were nicely laid, and people enjoyed catching up with their friends. One person commented, "I look forward to lunchtime because I can see all my friends."
- People told us the food was not always good and gave us examples where food was not fully cooked or was not warm. People also told us the menu could be repetitive. However, we did observe that people who did not like the option were given an alternative and staff offered people choice from the menu. The registered manager told us the menu was an area the home was working with the chef and people to address.
- People's dietary needs were reflected in individual assessments and care plans. The kitchen had details of people's different needs including allergies, those who required a fortified or diabetic diet, and those who required a modified diet due to swallowing difficulties. People who required support to eat were given this by staff who were patient and kind.
- People had regular access to drinks and various drink options were offered to people through the day. People had drinks available in their bedrooms such as water or juice, although these were not always in easy reach for those cared for in bed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access other agencies and health care services as needed. Records showed input from a wide variety of services including physiotherapy, dietician, speech and language and tissue viability services. Advice was incorporated into people's care records and input had led to improved outcomes for people. For example, where people had pressure injuries these were seen to be healing.
- People told us that staff sought appropriate healthcare input when needed. One relative told us, "Yes, they contact the GP if [family member] is not well. I am kept informed of any results."

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

- The home was clean, tidy and free from clutter. People had personalised their bedrooms to make them homely.
- The home used various adaptations to meet people's needs and support them to remain as independent as possible. This included introducing different types of falls alerts depending on the person.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's mental capacity was assessed and where people were found to lack this, appropriate application

for DoLS were made. Best interest decisions were made on behalf of people and appropriate input from others including families were sought.

- Suitable oversight of DoLS applications including those awaiting assessment was in place. Where people's needs changed the registered manager ensured appropriate updates to the DoLS application were made.
- People were asked to give consent before staff supported them, and people told us staff treated them with dignity and respect. People were encouraged to make decisions about daily life and remain as independent as possible.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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

At the last inspection the provider had failed to ensure governance systems protected people from the risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Audits and checks were completed to ensure systems were in place to protect people from the risk of harm. Where shortfalls were identified, action was taken, and this was followed up by the registered manager.
- A variety of meetings were in place to ensure clinical oversight of people's needs and ensure all appropriate actions were taken to mitigate any risks as much as possible.

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

- People told us they felt able to raise any concerns. One person told us, "Staff are very good. They listen to you, and I feel that they're trying to do their best for you."
- The registered manager and staff team were committed to meeting people's needs and supported positive risk taking. People who wished to, were supported to lead tasks around the home and involved in the recruitment and interview process for prospective staff.
- The registered manager had numerous examples of how they had taken a person-centred approach to achieve good outcomes for people. This had included supporting people to overcome their fears, provide appropriate rehabilitation support to promote communication and independence, and engage in activities, outings, and holidays.

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 provider understood the requirements of duty of candour and how to meet this requirement.
- Where people or families had raised concerns or made a complaint these were investigated, and a response given. An apology was offered when this was appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and families were supported through various routes to be involved and feedback their views. Regular resident's meetings were completed, and a survey had recently been undertaken. Where people had concerns or specific areas for discussion, meetings were undertaken involving all the relevant parties.
- People were supported to access the local community. There was evidence of staff working with partner agencies to meet people's needs.
- People and families spoke very positively about the support given at the service. One relative told us, "Staff always try and help and go above and beyond. This makes a very difficult situation much more manageable."

Continuous learning and improving care

- The registered manager and staff team were committed to continuous learning and improvements. Various processes for investigating and learning from incidents were in place. Good practice guidance was followed, including using root cause analysis to understand the development of skin damage where people had developed a pressure wound.
- Systems for feedback including meetings and surveys, compliments and complaints, incidents and audits were all used to drive improvement within the home. The registered manager was committed to provide the best quality care possible for people.
- Everyone we spoke with told us they felt able to share their views. Staff told us communication was effective and one staff member commented, "It's a great home. There is room to develop and grow, lots of opportunities for staff. You learn something new every day."