Southey Care Limited

Marchfield House

Inspection report

434 Ringwood Road
Ferndown
Dorset
BH22 9AY

Date of inspection visit:
02 June 2018

Date of publication:
26 June 2018

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

Marchfield House is a residential care home for 26 older people with dementia. There are two floors with the first floor having access via a passenger lift, stairs or a stair lift. There is a large open plan communal living and dining area on the ground floor.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from avoidable harm as staff understood how to recognise signs of abuse and the actions needed if abuse was suspected. There were enough staff to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults. When people were at risk of falling or skin damage staff understood the actions needed to minimise avoidable harm. The service was responsive when things went wrong and reviewed practices in a timely manner. Medicines were administered and managed safely by trained staff.

People had been involved in assessments of their care needs and had their choices and wishes respected including access to healthcare when required. Their care was provided by staff who had received an induction and on-going training that enabled them to carry out their role effectively. People had their eating and drinking needs understood and met. Opportunities to work in partnership with other organisations took place to ensure positive outcomes for people using the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their families described the staff as caring, kind and friendly and the atmosphere of the home as homely. People were able to express their views about their care and felt in control of their day to day lives. People had their dignity, privacy and independence respected.

People had their care needs met by staff who were knowledgeable about how they were able to communicate their needs, their life histories and the people important to them. A complaints process was in place and people felt they would be listened to and actions taken if they raised concerns. People's end of life wishes were known including their individual spiritual and cultural wishes.

The service had an open and positive culture that encouraged involvement of people, their families, staff and other professional organisations. Leadership was visible and promoted teamwork. Staff spoke positively about the management and had a clear understanding of their roles and responsibilities. An awards programme was in place which staff told us boosted morale and good team work. Audits and quality assurance processes were effective in driving service improvements. The service understood their legal responsibilities for reporting and sharing information with other services.

Further information is in the detailed findings below

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Marchfield House

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 site visit took place on 2 June and was unannounced. The inspection was carried out by a single inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority quality assurance team and safeguarding team to obtain their views about the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people who used the service and two relatives. We had telephone conversations with two health professionals. We met with three care staff and a team leader.

We spoke with the registered manager and deputy manager. We reviewed five people's care files, five medicine administration records (MAR), policies, risk assessments, health and safety records, consent to care and treatment, quality audits and the 2017 resident and relative's survey results. We looked at three staff files, the recruitment process, complaints, training and supervision records.

We walked around the building and observed care practice and interactions between care staff and people. We used the Short Observational Framework for Inspection (SOFI) at a meal time. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People, relatives, professionals and staff told us that Marchfield House was a safe place to live. A person told us, "I like it here. Staff are lovely. I can walk around freely". Another person said, "I love it, I feel safe here. When I first came here I didn't really like it but staff helped me settle in they are lovely. I feel fine about being here now". A relative told us, "My loved one is safe here. Best place for them. Their behaviour can be challenging but staff are able to support my loved one patiently and safely". A professional said, "I feel the home is safe for those who live there". Staff described the service as safe and told us that safe systems in place included; clear guidelines, risk assessments, policies, audits, checks and management support.

We found that the home had implemented safe systems and processes which meant people received their medicines both prescribed and non-prescribed in line with the providers medicine policy. We did however find that times of administration were not recorded for one person who was on time critical medicine. We discussed this with the registered manager who addressed this issue on the day of our inspection and put a safe system in place in response to our feedback. We observed one person being given their medicines. The team leader got down to the person's level and told them what what the medicine was and what it was for. The person consented and said, "Thank you I will take that now". The team leader observed the person taking the medicine and then recorded it. The service had safe arrangements for the ordering, storage and disposal of medicines. The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed.

The temperature of the room where medicines were stored was also monitored. We found that the temperature had recently ranged between 22 and 28.3 degrees centigrade. This was an issue as some medicines could become ineffective if stored over 25 degrees centigrade. We discussed this with the registered manager who told us they would arrange for a fan to be put in the cupboard. Medicines that required stricter controls by law were stored correctly in a separate cupboard and records kept in line with relevant legislation. Medicine Administration Records (MAR) were completed and audited appropriately.

There were enough staff on duty to meet people's needs. We found that the registered manager had reviewed staffing levels using a dependency tool which assessed people's needs verses levels of staff. The registered manager said that they were confident that staffing levels met people's needs and that additional staff were put on rotas as and when people's needs changed. A relative said, "There appears to be enough staff and they appear to have enough time to spend with people". Another relative told us, "There is enough staff, there is always someone around". Staff comments included; "I think there are enough staff. Five staff to 25 people is enough. The registered manager and deputy will always help if needed". "I think we have enough staff on duty. Never rushed". The service also employed cleaning and kitchen staff to help ensure the service ran effectively. The registered manager explained that staff had appropriate food hygiene training.

The service had a robust recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as references and a Disclosure and Barring Service (DBS) check. The DBS checks

people's criminal record history and their suitability to work with vulnerable people.

Staff were clear on their responsibilities with regards to infection control and keeping people safe. All areas of the home were kept clean to minimise the risks of the spread of infection. There were hand washing facilities throughout the building and staff had access to Personal Protective Equipment (PPE) such as disposable aprons and gloves. Throughout the inspection we observed staff wearing these. Staff were able to discuss their responsibilities in relation to infection control and hygiene. A person told us, "It's a pleasant and clean home; they [staff] put a lot of effort in". Another person said, "I find the home clean and tidy. It always smells nice too". A professional told us, "I have never had any issues with cleanliness at the home and have observed staff wearing PPE".

Staff were able to tell us signs of abuse and who they would report concerns to both internal and external to the home. There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts. We found that there were no safeguarding alerts open at the time of the inspection. A professional told us, "We have no safeguarding concerns. They would be transparent and quick to action if necessary. The have been quick to raise queries with the safeguarding triage in the past". Relatives and staff told us that they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to.

Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns the registered manager would listen and take suitable action. Accident and incident records were all recorded, analysed by the registered manager and actions taken as necessary. These had included seeking medical assistance and specialist advice. Lessons were learned, shared amongst the staff team and measures put in place to reduce the likelihood of reoccurrence. During the morning of our inspection a person had slipped off their chair onto the floor. The area was assessed and the person checked for injury then supported back in to their seat. An incident report was completed and the registered manager informed. This demonstrated good practice and told us staff followed procedures in place.

People were supported by staff who understood the risks they faced and valued their right to live full lives. This approach helped ensure equality was considered and people were protected from discrimination. Staff described confidently individual risks and the measures that were in place to mitigate them. Risk assessments were in place for each person. Where people had been assessed as being at high risk of falls, assessments showed measures taken to discreetly monitor the person. A person said, "My stick helps me otherwise I wobble. The staff make sure I have it". A professional told us, "Risks are assessed and kept up to date for example, skin care".

Equipment owned or used by the registered provider, such as adapted wheelchairs, hoists and lifts were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All electrical equipment had been tested to ensure its effective operation. A fire risk assessment had been completed and was due for review. The registered manager told us they would ensure the provider completed this on Monday 4 June 2018. People had personal emergency evacuation plans (PEEPs) in place. These plans told staff how to support people in the event of a fire.

Good

Is the service effective?

Our findings

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.

Consent to care was sought by staff from those that had capacity, this included consent for photos. A person said, "Staff ask for my consent. They listen to me and talk to me". A relative told us, "I have Lasting Power of Attorney for my loved ones health and welfare and I am always involved in best interest decisions. We have seen the care plan and consented to it on their behalf". We found that MCA and best interest paperwork was in place, up to date but not always fully complete. Capacity had been assessed however best interest meetings hadn't always included each decision maker in the outcome section. The registered manager took note of this and said that this would be rectified. A staff member told us, "Where people lack capacity or can't talk we involve families, advocates, professionals etc." Best interest decisions included; the delivery of personal care, medicines and photographs.

Staff were aware of the Mental Capacity Act and told us they had received MCA training. The training records confirmed this. A staff member told us, "MCA is to determine whether people have capacity and protect those who don't. Assessments and best interest's decisions are completed".

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. 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 were being met. Applications for Deprivation of Liberty Safeguards (DoLS) had been made for each person. Three had been authorised and the others were pending assessment by the local authority. Two conditions were linked to people's DoLS and we found that the home were meeting these.

Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "I'm offered enough training. I recently completed a refresher in safeguarding. I have also completed my dementia awareness training which is good for when new staff start as we can share our understanding". Training records confirmed that staff had received training in topics such as health and safety, moving and assisting, infection control and prevention and first aid. We noted that staff were also offered training specific to the people they supported for example; challenging behaviour, death, dying and bereavement and dementia. A staff member told us, "I'm given enough training. I have completed 98% of it and am also completing my level 2 diploma in Health and Social Care". The staff member went on to say, "I'd like to be a team leader and have level three diploma in five year's time. I love to achieve".

The registered manager told us staff received annual appraisals and regular supervisions (approximately three monthly). Staff competencies were also completed by manager's four to six monthly. These

competencies looked at staff organisational skills, communication, choice, infection control, dignity and respect. A relative told us, "I feel staff are competent and confident in their roles. Staff appear to be able to just 'do it' – brilliant!".

There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the care certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. A staff member said, "My induction was good. I was taken around, shown things and met people. Staff were nice to me and helped me get use to the place. I completed moving and assisting training and then did three days shadow. I was never made to do anything I didn't want to and the management were very encouraging".

People's needs and choices were assessed and care, treatment and support was provided to achieve effective outcomes. Care records held completed pre admission assessments which formed the foundation of basic information sheets and care plans details. There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals and outcomes. As people's health and care needs changed, ways of supporting them were reviewed. Changes were recorded in people's care files which each staff member had access to. A relative said, "The registered manager and deputy assessed [name] while they were in hospital before coming to Marchfield House. They identified (name) needs, likes, preferences and dislikes".

Staff used an effective medical handover and daily allocation sheet. These were used in staff handovers and at the start of each shift. Medical handover sheets captured health professional visits and health observations. for example, one person was recorded as being sad and another as having sore lips. Allocation sheets assigned staff to people and ensured those who required two staff were allocated. Daily tasks such as morning coffee round, milkshakes and afternoon drinks were also allocated. This ensured staff were organised and worked effectively together to deliver outcome focused care and support.

People were supported to maintain a healthy diet and food and fluid charts were in place where appropriate. For example, those who were supported in bed had isolation and fluid charts in their rooms to ensure time spent with people could be recorded and monitored. This reduced the risk of isolation, dehydration and malnutrition. A person told us, "It is very nice food. They have menu's, they are nice. I like mains and puddings". Another person said, "Lovely food and good quality too". A relative told us, "The food isn't bad at all. I often have a Sunday roast here with my loved one. I like to spend time with them".

We observed people eating and found that there was a relaxed atmosphere. Food looked appetising, was plentiful and overall it appeared to be a pleasurable experience. Tables were nicely laid and drinks were available to people. People requiring assistance were helped in a manner which respected dignity and appeared to demonstrate knowledge of individual dietary and food consistency needs. People chose whether to have their meals in their own rooms, the communal dining room or in the communal living area. The registered manager told us that staff also sat in the dining area with people to eat their lunch. They said, "This encourages people to eat and is nice for them".

People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. A person said, "They (staff) arrange health appointments if I need to see someone". A health professional said, "Staff are warm and welcoming. They know when and why I am visiting. The home have a willingness to work with us and accept my advice and support". Recent health visits included; district nurses, a community psychiatric nurse, a GP and a chiropodist.

The home had recently been extended and had been finished to a high standard. People told us they liked the physical environment. The home was split across two levels and had been adapted to ensure people could access different areas of the home safely and as independently as possible. A person told us, "I feel free to walk around. My freedom is important to me and the staff respect this". There was a working passenger and stair lift in place providing access to each floor. There was access to secure, outdoor spaces with seating and planting that provided a pleasant environment. A person said, "We can go outside in the garden if we want to". Another person told us, "There are always flowers in the lounge. It's very homely for a place like this".

Good

Is the service caring?

Our findings

People, professionals and their relatives told us staff were kind and caring. One person told us, "Staff are very friendly". Another person said, "Staff call me [name], this is my preferred name and they respect that. Staff know what I like and don't like". A professional told us, "Staff are caring and respectful. They have a good relationship with people and each other". Another professional said, "Staff are always kind and caring to people". Relative comments included; "There is always a calm and nice atmosphere here". "Staff are really good with my loved one. They are definitely caring and kind".

People were treated with respect. We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately. One person told us, "The staff are kind and show respect". A relative said, "Staff respect my loved one for who they are". A staff member said, "I have a passion for people, equality and respect is important for everyone. We promote it here". Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

People who were able to talk to us about their view of the service told us they were happy with the care they received and believed it was a homely environment. Comments from people and their relatives included. "In general I feel comfortable with the care", "I am happy here, the care is very good", "We are happy with our loved ones care".

People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. A person said, "I like my bedroom. It is nice to have it on my own. I can go and have quiet time as and when I want it". A relative told us, "The service promotes equality and diversity". We found that people's cultural beliefs were recorded in their files and that they were supported to attend services and meetings of their choice if requested. We were told that there was no one who with practicing faiths but that a Reverend did visit the home weekly.

People were supported to maintain contacts with friends and family. This included visits from and to relatives and friends and regular telephone calls. There was a quiet area in the main lounge so people were able to meet privately with visitors in areas other than their bedrooms. A relative told us, "I'm always welcome and can come anytime. Staff know me and the family. My loved one's relative is traveling down to see them tomorrow". Another relative said they came when they wished and were always greeted politely by staff and made to feel welcome. Staff were aware of who was important to the people living there including family, friends and other people at the service.

During the inspection there was a calm and welcoming atmosphere in the home, punctuated with moments of singing and laughter. We observed staff interacting with people in a caring and compassionate manner. For example, during conversations with people we observed a person having banter with the staff and another staff member using respectful touch and compassionate conversation. A person said, "I like staff, they are friendly". The person went on to point at a staff member and say, "[name] is really good, and they really do listen".

People were encouraged to be independent and individuality respected. We observed a staff member encouraging a person to walk independently to another room. The staff member was reassuring, patient and did not rush the person. A person told us, "I'm an independent person. This is important to me. Staff know that". Another person said, "I can do things for myself and staff let me do this. I like to be independent".

People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. A person said, "I can choose what I want to do, where I want to be in the home and what I want to wear". We observed a staff member showing a person plates of the two lunch options which supported them to make an informed decision as to what to eat.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Staff were able to tell us how they put people in the centre of their care and involved them and / or their relatives in the planning of their care and treatment. A relative said, "I'm involved in my loved one's care plan as is my other relative. They [staff] tell me if there are any changes in their health. (Name) had a sore foot once. Was supported by the staff and now it is better". A professional told us, "The care fits around the people living there and not around the service or staff. People are involved". The registered manager told us that annual review meetings took place with the local authorities, families and people where possible.

Care plans were available to staff, up to date, regularly reviewed and audited by the management to ensure they reflected people's individual needs, preferences and outcomes. The registered manager alerted staff to changes and promoted open communication. We found that care plans contained photos of people and information about the person, their family and history. A person said, "One day I wasn't feeling well. Staff helped me to feel better". A professional told us, "The home does good care planning and assessments. They are open to my input. General record keeping is good".

The registered manager told us that they had recently recruited an activities coordinator who worked part time. We found an activities schedule displayed in the communal living area. People told us that there were things to do. A person told us, "I will join in if I want to otherwise we can sit around and chat to each other or staff". A relative said, "Activities do happen here. I also bring in my dogs and take them around to meet people". The registered manager told us that external entertainers also come into the home. For example, musicians and singers.

We were told that the next piece of work was to create a market place feel in the dining area by putting a post office on one wall, a fruit and vegetable shop on another and a bakery and memory café on the other. Tables were planned to have blue and white chequered cloths so that it feels like alfresco dining in a market place. The registered manager and owner told us that families think it is a great idea.

The registered manager told us that they welcomed complaints and saw these as a positive way of improving the service. The service had a complaints system in place; this captured the nature of complaints, steps taken to resolve these and the outcome. We found that there were no live complaints at the time of our inspection. One person told us, "I am quite happy with everything here. No issues at all". Another person said, "I have nothing to complain about… so far!" People and relatives told us they felt able to raise concerns with staff or management. A relative told us, "I have no complaints. I am confident they would listen to me and act quickly".

People were supported with end of life care and some preferences were recognised, recorded and respected. A professional told us, "They [staff] were good at the time I was involved in end of life care. Staff were very respectful, wishes were respected and families were complimentary of the care given". We found that some detailed preferences were not always recorded and discussed this with the registered manager who told us the deputy and themselves would look into this further and discuss the topic with people and

relatives further.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. 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.

Quality monitoring systems and processes were in place and up to date. These systems were robust, effective, regularly monitored and ensured improvement actions were taken promptly. Audits covered areas such as; care plans, staff files, infection control, medicines and equipment. The registered and deputy manager told us that they regularly worked care shifts with staff which enabled them to observe practice, make sure staff were completing records and take action to improve as and when necessary.

The manager told us that they promoted an open door policy. The manager's office was located in the reception area on the first floor. The registered manager told us they recognised good work which was positive and promoted an open culture. The service had an 'Above, Beyond the Call of Duty' (ABCD) scheme in place. Staff told us that the scheme made them feel valued, recognised and motivated in their roles. The registered manager explained that staff nominated each other for this award and the successful person received a box of chocolates, flowers and a certificate. A staff member said, "We have ABCD awards. These boost morale and make us feel appreciated. We nominate each other".

Staff, relatives and people's feedback on the management at the home was positive. A person told us, "The management are very nice here". One staff member said, "The management aren't just managers. They are part of the team, it's amazing. They always listen to me and are open. This means a lot to me". Another staff member told us, "The registered and deputy manager are very good. No problems. They will always work on the floor when needed". A relative said, "The management is fine. If I need to speak to them they are there and always listen". A professional told us, "The registered manager is fine. They manage staff well and makes sure staff practice is of a good standard. They are open and approachable. The deputy manager is also good. Easy to talk to and good at their job" Another professional said, "I have known the registered manager for a long time. They are very helpful, polite, positive, receptive and pleasant". The registered manager told us that the providers were always open and supportive. We were told that they always listened to staff and the management and would fund any resource required to deliver the best care to people living at Marchfield House.

The service worked in partnership with other agencies to provide good care and treatment to people. Professionals fed back that they felt information was listened to and shared with staff. A health professional said, "The service works well in partnership with us. They accept learning and suggestions. Always willing to try new things". They went onto say, "The home is keen to use methods and approaches rather than use medicines". Another professional told us, "The home works well with me and my team to reduce risks to people and provide positive outcomes". A relative said, "Marchfield House has a good local reputation".

The manager understood the requirements of duty of candour that is, their duty to be honest and open

about any accident or incident that had caused, or placed a person at risk of harm. They fulfilled these obligations where necessary through contact with families and people. A staff member said, "I think the service learns from mistakes. Learning is shared with staff, people and relatives through meetings. A positive open environment is always promoted".

People, relatives and staff told us that they felt engaged and involved in the service. A relative said, "The home is really supportive. I feel I can raise ideas and am involved in improvements. I can't think of any examples now though". A staff member told us, "I feel involved and included in ideas and suggestions. Management aren't scary! They listen to us. For example, we suggested having snack bowls put out in the afternoon for people with fruit, crisps and chocolate bars in them. This was listened to and implemented". We observed these snack bowls on offer to people.