

Elizabeth House (Oldham) Limited

Marland Court

Inspection report

Marland Old Road
Rochdale
Lancashire
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Tel: 01706638449

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11 January 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Marland Court on the 10 and 11 January 2018. The first day of the inspection was unannounced. Marland Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Marland Court is registered to provide accommodation for up to 24 older people who require personal care. There were 17 people using the service at the time of the inspection. The home is a converted and extended house situated in its own grounds in a quiet residential road; close to the main road that connects the towns of Rochdale and Heywood. There is adequate car parking to the front of the home.

We last inspected Marland Court on 25 and 26 April 2017. During that inspection we found there were several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to; unsafe and unclean premises, no effective system in place to assess, monitor and improve the quality and safety of the service, insufficient staff on duty, medicines were not managed safely, the privacy and dignity of people who used the service was compromised and suitable and sufficient activities and community involvement were not provided.

Following the last inspection of 25 and 26 April 2017 we took enforcement action in respect of the provider failing to comply with Regulation 12 (2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (unsafe premises) and Regulation 17 (1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (an ineffective system in place to assess, monitor and improve the quality and safety of the service). Warning Notices were served on the registered provider requiring them to comply with the relevant regulations within 14 days from the date of the Warning Notices. During this inspection we found that the provider had complied with the requirements of the Warning Notices.

The service was also placed into Special Measures following the last inspection which meant it was kept under regular review and inspected within six months of the last inspection report being published. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

Following the last inspection of 25 and 26 April 2017 we asked the provider to take action to make improvements. The provider sent us an action plan informing us that they had taken action to ensure the regulations had been met.

During this inspection we found there had been a significant improvement and the provider had met all the previously breached regulations. Due to the improvements seen on this inspection the provider has been taken out of Special Measures.

Although we found that improvements had been made, we found further breaches of the Health and Social

Care Act 2008 (Regulated-Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009. This was in relation to; the provider had failed to notify the Commission, as required by legislation, that three Deprivation of Liberty Safeguards (DoLS) applications had been authorised by a supervisory body, had failed to display their previously awarded rating as required, had failed to store hazardous substances safely and failed to ensure that staff received appropriate induction and training to a satisfactory level on commencing their employment.

You can see what action we have told the provider to take at the back of the full version of the report. Where we have identified a breach of regulation which is more serious we will make sure action is taken. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The home did not have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run. The home had appointed a manager who had been in post for approximately nine months. We are aware that the manager had submitted their application to the CQC to become the registered manager.

We saw that, overall, staff treated people with dignity, respect and patience. We did see however that a bedroom occupied by two people did not have a privacy screen in place. We discussed with the manager the fact that this compromised people's privacy and dignity. On the second day of the inspection a privacy screen was in place.

The medicine management system was safe, although the recording of the administration of skin creams needed to be improved.

People's care records contained enough information to guide staff on the care and support required. The records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk.

We saw the staff worked in cooperation with other healthcare professionals to ensure that people received appropriate care and treatment.

We found people were cared for by sufficient numbers of staff who were safely recruited. Suitable arrangements were in place to help safeguard people from abuse. Staff knew what to do if an allegation of abuse was made to them or if they suspected that abuse had occurred.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. There had been an increase in the activities provided and people told us they enjoyed the activities available.

Staff were also able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

We saw people looked well cared for and there was enough equipment available to ensure people's safety, comfort and independence were protected. People told us they received the care they needed when they needed it. They told us they considered staff were kind, had a caring attitude and felt they had the right skills

and knowledge to care for them safely and properly.

People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. People told us they enjoyed their meals. We saw that food stocks were good and people were able to choose what they wanted for their meals.

All areas of the home were clean and procedures were in place to prevent and control the spread of infection. Records showed that equipment and services within the home had been serviced and maintained in accordance with the manufacturers' instructions.

Procedures were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity or gas supply.

There had been an improvement in the monitoring of the quality of the service provided. Regular checks were undertaken on all aspects of the running of the home and there were opportunities for people to comment on the facilities of the service and the quality of the care provided.

Records we looked at showed there was a system in place for recording complaints and any action taken to remedy the concerns raised. Records showed that any accidents and incidents that occurred were recorded and monitored.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

We found substances that were hazardous to health were not stored securely. This placed people who used the service at risk of harm.

The medicine management system was safe, although, to ensure accurate documentation, the recording of the administration of skin creams needed improvement.

We found that sufficient numbers of staff were provided to meet the needs of the people who used the service. A safe system of staff recruitment was in place and suitable arrangements were in place to help safeguard people from abuse.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff did not receive appropriate induction and training to a satisfactory level on commencing their employment.

Systems were in place to ensure staff received regular support and supervision.

Staff were able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

People spoke positively of the kindness and caring attitude of the staff. We saw that staff treated people with dignity, respect and patience.

People told us they felt the communication within the home was good, that they were kept informed and felt involved.

We saw that people's religious and cultural needs were

respected.

Is the service responsive?

Good 

The service was responsive.

People's care records contained detailed information to guide staff on the care and support required.

People were free to make choices about how they wanted to live their life.

Suitable arrangements were in place for reporting and responding to any complaints or concerns.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

The service did not have manager who was registered with the CQC.

The provider had failed to notify the CQC, as required, of the DoLS applications that had been authorised by a supervisory body.

The provider had failed to display the previously awarded rating as required.

There had been an improvement in the monitoring of the quality of the service provided. Regular checks were undertaken on all aspects of the running of the home.

Marland Court

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 checked 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.'

Inspection site visit activity started on 10 January 2018 and ended on 11 January 2018. The first day of the inspection was unannounced.

The inspection was undertaken by two adult social care inspectors and an expert by experience on the first day and one adult social care inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we also looked at the previous inspection report and information we held about the service and provider, including notifications the provider had sent to us. A notification is information about important events that the provider is required to send us by law.

We contacted the local authority professionals who were responsible for organising and commissioning the service on behalf of individuals and their families. In addition we contacted the Infection Prevention & Control Officer who had recently inspected the home and the Rochdale Healthwatch Officer. Feedback received is included in the Safe and Well-led section of this report.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is a form that asks the provider to give us some key information about the service, what the service does well and what improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

As some of the people living at Marland Court were not able to tell us about their experiences, we undertook a Short Observation Framework for Inspection (SOFI) observation. A SOFI is a specific way of observing care to help us understand the experience of people who are not able to talk with us.

During the inspection we spoke with eight people who used the service, four visitors, two visiting professionals, the manager, the administrator, four care assistants and the chef. We looked around all areas of the home, looked at food provision, four people's care records, fifteen medicine administration records and the medicine management system, four staff recruitment files, induction, training and staff supervision records and records about the management of the home.

Is the service safe?

Our findings

People who used the service told us they felt safe. Comments made included; "Yes it is a safe home, no one comes in without staff allowing them in," "I kept falling a lot at my previous home, now that I am here, I feel safer," "All my belongings are safe, my [relative] is controlling my money, not the home" and "We feel lucky in this regard that our [relative] is safe here. We don't have any problems with their belongings or money, it is working really well."

Following the previous inspection of April 2017 we took enforcement action in respect of the provider failing to comply with Regulation 12(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the premises were not kept safe. There were unguarded radiators and exposed hot water pipes, an absence of window restrictors to two windows and unsecured wardrobes. This placed people at risk of harm.

We served a Warning Notice requiring the provider to make the premises safe. During this inspection we found the Warning Notice had been complied with. We found however that one hot radiator in a recess in a corridor was not protected. This unguarded radiator had not been identified in the Warning Notice. The manager told us the radiator had been overlooked but it would be addressed as soon as possible. Following the inspection we were informed by the manager that a cover had been fitted to the radiator.

We found that a cupboard situated close to the lounge was not locked and was storing flammable and hazardous substances, such as activity paints and paper. We also saw there was a cupboard in a downstairs bathroom storing hazardous substances such as cleaning fluids. The cupboard had no lock. The manager told us there was no safety issue as the bathroom was not generally used for bathing and was locked when not in use. We did see the bathroom being used whilst we were at the home and the bathroom was left unlocked following a person being taken back to the lounge. Failing to store hazardous substances places people at risk of harm. We found this was a breach of Regulation 12(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that several bedrooms and a toilet were without a call bell. This meant that people would be unable to alert staff if they needed to summon help quickly. This placed the health and safety of people at risk of harm. We were told that the majority of the bedrooms did not have a call bell because the people who occupied the rooms were not able to call for assistance. We saw however that one of the rooms was occupied by a person who was able to call for assistance. The manager provided a call bell to that bedroom and the toilet whilst we were present. We have recommended that the manager conduct a full review of all call bells to ensure that people who are able, can access help and support should they need it. Call bells can also be used by staff if they require assistance whilst in someone's bedroom, so this should also be taken into account in the review

During the previous inspection of April 2017 we found there was a breach of Regulation 12(2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not managed safely.

During this inspection we looked at the system in place for managing medicines; this included the receipt, storage, administration, recording and disposal of medicines. We found there had been some improvement in the way that medicines were managed. People who used the service told us, "Staff give me my medication alright" and "I always get my medicines when I should."

We found that medicines, including controlled drugs and topical (skin) creams, were now stored correctly and there was guidance in place for most of the medicines that were to be given 'when required' or as a 'variable dose' of one or two tablets. We saw however that there was no guidance for three of the medication administration records (MARs) for people who had 'when required' medicines prescribed. Guidance needs to be in place for care staff to follow in order to ensure that medicines are given in accordance with a person's needs and preferences. We discussed the omissions with the manager and on the second day of the inspection we saw that the relevant guidance was in place.

Six of the MARs we looked at identified that people were prescribed skin creams. There was no record on the MAR to show that the creams had been applied. The manager told us that the district nurses were responsible for applying the creams for three people and the care staff were responsible for applying the creams for the remaining three people. The manager assured us that the creams had been applied but could offer no explanation as to why their application had not been recorded.

We discussed the omissions with the manager and recommended that a recording system be put into place to ensure that the staff who administered the creams recorded their action. On the second day of the inspection we saw that skin cream administration charts were in place. We were told it was the intention to keep them in the service user's room to ensure timely and correct recording.

During the previous inspection of April 2017 we found there was a breach of Regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the premises were not kept clean. During this inspection we looked at most areas of the home and found that the home was clean and there were no unpleasant odours. One person who used the service told us, "The level of cleanliness has improved."

We saw infection prevention and control policies and procedures were in place, regular infection control audits were undertaken and infection prevention and control training was an essential part of the training programme for all staff. We were told there was a designated lead person who was responsible for the infection prevention and control management. Colour coded mops, cloths and buckets were in use for cleaning; ensuring the risk from cross-contamination was kept to a minimum.

We saw staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties. Alcohol hand-gels and hand-wash sinks with liquid soap and paper towels were available throughout the home. Good hand hygiene helps prevent the spread of infection and wearing protective clothing helps protect staff and people who use the service from the risk of cross infection during the delivery of care.

We saw that appropriate arrangements were in place for the safe handling, storage and disposal of clinical waste. Staff we spoke with understood the importance of infection control measures, such as the use of colour coded cleaning equipment and the use of personal protective equipment when handling food, completing personal care tasks and cleaning.

Prior to the inspection we contacted the Infection and Prevention Control Officer from Rochdale who told us they were generally pleased with the attitude of the management of the home. We were told there was clear evidence of work being undertaken since the inspection that they had undertaken in May 2017.

During the previous inspection of April 2017 we found there was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because sufficient staff were not provided to ensure people's safety and to ensure their needs could be met. During this inspection we looked at the staffing arrangements within the home and found there had been some improvement in the staffing provided.

People who used the service and their visitors made the following comments; "I can't really say they are short staffed, some days are better than others," "You press the bell and staff come," "It is not possible to always have everyone at work as planned, staff do a great job," "They deal with shortage better than before" and "There was a shortage about six months ago, now it has improved a lot. You see even managers doing something for residents."

The staffing roster showed that the manager worked at the home between the hours of 08.00 and 15.00 for five days of the week. The roster showed that the administrator worked five days a week, normally Monday to Friday. The administrator informed us, "I do everything to help out. I was here until seven last night assisting." For the 17 people who used the service there were two care staff on duty during the weekday daytime hours of 08.00 to 15.00 and three care staff between the hours of 15.00 to 22.00. At weekends between the hours of 08.00 and 22.00 there were three care staff on duty. During the night there were two care staff on duty. We were told either the manager or the administrator were 'on call' out of hours.

The service employed a cook seven days per week. Their hours had recently been increased so they worked until 17:00. When we spoke to the care staff they told us that this had lightened their work load and allowed them to spend more time in the afternoons with the people who used the service. Care staff told us they believed they had enough time to spend socialising and talking to people who used the service. One care worker told us, "Before, afternoons and tea time were rushed with too much to do. Now we have time to care for the residents. We can share a laugh and a joke with them."

The service employed a cleaner on a part time basis for three days a week between the hours of 08.00 and 14.00. This person also worked two days each week as a cook. During the week of our inspection however, the roster showed that the cleaner worked only two days that week on domestic duties. The manager could offer no explanation as to the reason for this. The manager told us that care staff would assist with cleaning duties on the days the cleaner was not in. This meant that staff were taken away from their caring duties. Staff we spoke with told us however, that they felt they had enough staff to meet the needs of the people who used the service and cleaning duties were, "not an issue."

Policies and procedures for safeguarding people from harm were in place although they were not the latest documents that the local authority had produced. The manager was advised to obtain the most up to date documents. Staff we spoke with were able to tell us of the action they would take to protect people who used the service from the risk of abuse. They told us they would have no hesitation in reporting any poor practice they witnessed from colleagues and were confident they would be listened to. They were aware of the organisations they could contact, including CQC, if they felt the manager or provider had not taken their concerns seriously.

Since the previous inspection of April 2017, two safeguarding incidents have occurred. These were in relation to allegations of poor moving and handling practice and a fall that had not been witnessed by staff. Records within the home showed that both incidents had been investigated and there was no evidence of abuse by the staff.

The training records we looked at showed that not all staff had received training in the protection of

vulnerable adults. The manager told us that the safeguarding training had been arranged for the following month of February 2018.

We found the staff recruitment system was safe. We looked at four staff files to check if appropriate checks had been made when recruiting new staff. Records contained proof of identity, an application form that documented a full employment history, a job description and references. Checks had also been carried out with the Disclosure and Barring Service (DBS) before the member of staff began work. The DBS identifies any people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This meant that checks had been completed to reduce the risk of unsuitable staff being employed at Marland Court.

We found that risks to people's health and well-being had been identified, such as poor nutrition, falls and the risk of developing pressure ulcers. We saw care plans had been put into place to help reduce or eliminate the identified risks.

We saw that any accidents and incidents that occurred were recorded and monitored. Monitoring accidents and incidents can assist management to recognise any recurring themes and then take appropriate action; helping to ensure people are kept safe. We saw it was recorded that one person who used the service had fallen on more than one occasion. The manager had taken action by contacting the 'falls co-ordinator' to see what action could be taken to reduce the risk of further falls.

We looked to see what systems were in place in the event of an emergency. We saw personal emergency evacuation plans (PEEPs) had been developed for the people who used the service. This information helps to assist the emergency services in the event of an emergency arising, such as floods or fire. We saw the PEEPs were easily accessible in the event of an emergency arising. They were kept in a central file in the manager's office and a copy was in place in each person's bedroom.

Inspection of records showed that a fire risk assessment was in place and regular checks had been carried out to ensure the fire exits were kept clear and confirm that the fire alarm, emergency lighting and fire extinguishers were in good working order.

Records showed that equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This included checks in areas such as gas safety, risk of legionella disease, portable appliance testing, fire detection, the lift and lifting equipment. This helps to ensure the safety and well-being of everybody living, working and visiting the home.

The manager kept a schedule which showed when servicing was required. The service also had a business continuity plan in place. The plan contained details of what needed to be done in the event of an emergency or incident occurring such as a fire or utility failures.

When we looked around the home we saw that steps had been taken to prevent injury or harm, for example, corridors and walkways were free from obstacles, and wheelchairs were kept in people's bedrooms when not in use.

Is the service effective?

Our findings

People we spoke with told us they received the care they required when they needed it. They told us they considered staff had the right attitude, skills and knowledge to care for them safely and properly. Comments made included; "Staff do their best, I am happy and it means therefore that all my needs are met," "Staff asked me what I wanted and what my needs are and what I would like to do" and "Staff have a good idea about my needs. We have discussed it."

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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 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. We asked the manager to tell us what they understood about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). What the manager told us demonstrated they had a good understanding of the MCA and DoLS and knew the procedures to follow if an authorisation was required.

The CQC is required by law to monitor the operation of the DoLS and to report on what we find. The manager told us, and we saw information to show, that six applications to deprive people of their liberty had been made; of which three had been authorised by the supervisory body (local authority). The manager told us they were awaiting authorisations for the other three people.

Records showed that the majority of the staff had completed training in the MCA and DoLS. We were told that further training was being provided during the following month of February 2018.

When we asked care staff about their understanding of capacity and consent issues they told us that most people who used the service were able to make their own decisions. Staff told us that sometimes people could be gently guided to make decisions that are in their best interest. Staff spoken with had a good understanding of the MCA and DoLS.

From our discussions with people, our observations and a review of people's care records we saw that people were consulted with and, if able, consented to their care and support. We saw how staff requested people's consent before attending to their needs. The manager told us that if people were not able to consent then a 'best interest' meeting would be held on their behalf. A 'best interest' meeting is where other professionals, and family where relevant, decide on the course of action to take to ensure the best outcome

for the person using the service.

We looked to see what was in place for the induction of newly employed staff. Induction programmes help staff understand what is expected of them and what needs to be done to ensure the safety of the people who use the service, staff and visitors. At our last inspection we noted that each personnel file contained a 'check list' of things that staff were given information about such as fire safety, the call bell system and the reporting of accidents. There was no information to prepare staff for their role, such as values, behaviours, codes of conduct and aims and objectives.

When we asked staff about their induction at Marland Court they told us they initially spent time with the manager and were then shown around the home. They told us they were made aware of the systems and facilities in place and then they spent up to a week getting used to their role and function. We were also told they would 'shadow' an experienced member of staff until they felt confident that they could work alone.

The Service User Guide and the Statement of Purpose that we looked at during this inspection stated that all new staff would receive training in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate provides staff with the knowledge to ensure they provide compassionate, safe and high quality care and support. Following the previous inspection of April 2017 we made a recommendation that the induction programme needed to be improved to ensure that staff were working within the standards of the Care Certificate as recommended in the 'Guidance for providers on meeting the regulations.'

We could see no evidence to show that staff had enrolled on, or completed this course. When we spoke with the administrator and manager about this they informed us they were going to arrange for the introduction of this course but it had not yet been implemented. Failing to ensure that staff receive appropriate induction and training to a satisfactory level on commencing their employment is a breach of Regulation 19(1)(b) of the Health and Social Care Act 2008 (Regulated Activities).

The service contracted an external training service to provide training and support to staff. We looked at the training plan that was in place for all the staff. Where staff had undertaken training a copy of their certificate was kept on their personnel file. The training plan showed that the majority of staff had received the essential training such as MCA and DoLS, safeguarding vulnerable adults, food hygiene, health & safety, infection control, fire safety and moving and handling; necessary to safely care and support people who use the service. For those staff without the relevant training we saw that the training had been arranged for the following month of February 2018.

Some staff had been enrolled on, or had completed, the National Vocational Certificate courses in Health and Social Care; either NVQ 2 or/and NVQ3. National Vocational Qualifications (NVQs) are national work based awards that are achieved through assessment and training in the workplace.

Records in the four staff personnel files that we looked at showed the staff received a formal supervision session every three months with their manager. Supervision meetings provide staff with an opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work. The records showed that the meetings were productive and that staff used the opportunity to discuss issues of concern and identify areas for improvement. In addition the records showed that staff completed a yearly appraisal, where each member of staff was given the opportunity to discuss their performance over the previous year.

We looked at the kitchen and food storage areas and saw good stocks of fresh, frozen and dry foods were

available. We looked at the menus and saw they were on a two week cycle and a choice of meal was always available. The chef told us they were developing a more varied menu with the help of the people who used the service. We were told that people had mainly cereals, porridge and toast for breakfast but could also have a cooked breakfast if they wished. We were shown the 'Dislikes and Special Diets' folder that was kept in the kitchen. We saw that the chef kept a daily record of the meals that had been provided if they differed from what was on the menu. This was to help ensure that the meals remained varied and nutritionally balanced.

We observed lunch being served. The atmosphere was calm and we saw that people who required assistance with their meals and drinks were offered encouragement and where necessary, given support individually and discreetly. On the displayed menu it was; fish fingers, mash potatoes and peas or home-made quiche and salad. There was also a choice of dessert. If people did not like what was on the menu they were given a further choice of meal such as a salad or sandwiches.

Hot and/or cold drinks were served throughout the meal and throughout the day. People we spoke with were happy with the meals and drinks provided. Comments made included; "We get good food and there is always more if you want it," "I like the chef. He comes around every day to ask us about food and what we would like to eat," "I could eat for England and staff don't mind," "There is plenty to eat" and "They always provide home-made meals and home baking; very nice and very fresh."

Staff told us that the kitchen was always open and food was always available 'out of hours'. A discussion with the chef showed they were knowledgeable about any special diets that people needed and were aware of how to fortify foods by the addition of dried milk, butter and/or cream to help improve a person's nutrition.

We saw that following a national food hygiene rating scheme inspection on 4 August 2017, the home had been rated a '4' out of '5.' The chef told us they were working on an improvement action plan.

The care records we looked at showed that people had an eating and drinking care plan and were assessed in relation to the risk of inadequate nutrition and hydration. We saw action was taken, such as a referral to the dietician or to their GP if a risk, such as an unexplained weight loss, was identified.

The care records also showed that people had access to external healthcare professionals, such as community nurses, opticians, chiropodists and dentists. This meant that the service was effective in promoting and protecting the health and well-being of people who used the service. People we spoke with told us; "I have seen my GP when I was not well," "[Relative] is in a more stable health condition since she moved here," "[Relative] was struggling with eating and weight loss, staff got people to see her and now she has improved" and "Staff pick up on things like the beginning of a bruise and report it to us. They are in tune and it is because they do care."

We spoke with two visiting community nurses who told us the staff were good at reporting any issues of concern and also good at following any instructions they were given. We were told, "I am happy to come here, all the staff are respectful and they have time to spend with the residents."

We asked the manager to tell us how, in the event of a person being transferred to hospital information about the person was relayed to the receiving service. We were shown the information document, known as a 'Hospital Passport,' that was sent with the person. We were told that a copy of the person's MAR would always be sent with them. This helps to ensure continuity of care.

A discussion with the staff showed they had a good understanding of the needs of the people they were looking after. Staff told us they received a verbal and written report on each shift change. This was to ensure that any change in a person's condition and subsequent alterations to their care plan was properly communicated and understood.

The communal lounges and the dining area are situated on the ground floor. There is a large accessible garden with plenty of garden furniture. People who smoke are able to access this area. The bedrooms are situated on the ground and first floor and access to the first floor is via a passenger lift. The corridors have handrails to assist people with their mobility. We found there was adequate signage throughout the home to help promote the well-being of people living with dementia.

We were told that access to some of the bathrooms in the home was difficult due to the shape and structure of the building. We were informed that most people preferred to have a shower. We were told that if a person wanted to have a bath they could use the downstairs bathroom that had assisted bathing in place. We saw that the toilets throughout the home have aids and adaptations in place. Having aids and adaptations in place helps to promote people's independence and comfort, and assists in their safe moving and handling.

Is the service caring?

Our findings

We asked people who used the service and their visitors if they felt the staff were caring. Comments they made included; "The girls are very nice, they have very good experience," "The staff are good. That one, (pointing at a member of staff), she is so kind, she restores my faith in humanity" and "Staff are more caring, more attentive and interactive."

People also told us they felt the communication was good within the home. Comments made included; "Not long ago I was in a meeting talking about my [relative's] care," "I saw your last inspection report and it does not look good but in my opinion it is not about failure to provide care, it is systemic problems and that can be fixable. I have been quite impressed with staff keeping my sister and I involved every step of the way" and "Even though I don't remember being involved in care planning if you need information about my [relative], staff will get it."

During the previous inspection of April 2017 we found there was a breach of Regulation 10(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were no locks on bathroom and toilet doors and people's privacy and dignity were compromised. During this inspection we found that locks had been fitted to the doors. We did find on this inspection however that a bedroom that was occupied by two people did not have a privacy screen in place. We discussed with the manager the fact that the privacy and dignity of people was not protected when personal care was being delivered. On the second day of the inspection we saw that a privacy screen had been provided.

For those people who were not able to tell us about their experiences, we spent some time observing how they were spoken to and supported by care staff. Staff interactions were seen to be polite, frequent and friendly. We saw a member of care staff talking reassuringly to a person whilst adjusting their dress to protect their dignity. The atmosphere in the home was calm and relaxed. We saw that people looked well cared for, were clean and appropriately dressed.

Staff told us they encouraged people to maintain their independence, such as encouragement to walk independently with the use of walking aids where necessary. We saw people who were able, moved freely about the home. One person made several visits in their wheelchair to the garden area.

During the inspection we saw that visitors were in and out of the home throughout the day. We saw they were clearly at ease chatting with their families, the staff, the administrator and the manager. Visitors told us they were always made welcome and felt free to visit anytime.

From our observations and from talking to the staff we were aware that one person who lived at the home was from a minority ethnic background. Staff told us the person had no communication needs as they spoke good English. They also had no specific dietary needs although their supportive family regularly brought in the person's favourite national dishes.

Staff told us that people's religious and cultural needs were always respected and that people could choose

to have their own clergy visit them. We were told that one person had regular visits from a religious group who left magazines for them to read.

A discussion with the manager showed they were aware of how to access advocates for people who had nobody to act on their behalf. An advocate is a person who represents people independently of any government body. They are able to assist people in many ways such as; writing letters for them, acting on their behalf at meetings and/or accessing information for them.

Staff we spoke with were aware of their responsibility to ensure information about people who used the service was treated confidentially. We saw that care records were kept secure in the staff office/ station area. This meant information was easily accessible to staff whilst ensuring that confidentiality of records was maintained. Other records in relation to the running of the service were kept secure in the manager's office.

Is the service responsive?

Our findings

People we spoke with told us that that staff responded well to their needs. Comments made included; "My [relative] signed for [relative's] care plans. We discussed end of life matters so that everyone knows what to do if it happens" and "Any problem you have I send for the manager, sooner rather than later they keep in touch and sort things out."

The care records we looked at showed that assessments were undertaken prior to the person being admitted to the home. This was to ensure their identified needs could be met. The care records showed that information gathered during the assessment was used to develop the person's care plan.

The care records contained detailed information to show how people were to be supported and cared for. It was clear from the information contained within the care plans that people and/ or their family had been involved in the planning of their care. The care records also contained information about people's preferred routines, their likes, dislikes, hobbies and family life. This meant staff were able to care and support people as individuals. We saw that the care records were reviewed at least monthly to ensure the information was fully reflective of the person's current support needs.

We saw the service used modern technology to minimise risk, for example, one person, at risk of falling, had an alarm call fitted to their clothes and chair so when they tried to get up from their chair the alarm immediately alerted staff to the risk.

People told us that they were free to make everyday choices. Comments made included; "I like things to flow the way I like them. I can't be told like a child," "You can go to bed at any time and it is your choice to have a bath or shower," "Staff ask you if you want to do things, they don't tell you" and "I let staff know when I want to go to bed. Sometimes I choose not to."

During the previous inspection of April 2017 we found there were limited activities available for people as the home did not employ an activities person. During this inspection we found that, although no activities person had been employed, the activities available for people had improved.

Staff told us they felt they now had more time to undertake activities with people because the staffing levels had improved. Comments people made to us included; "I like to do some cross word puzzles so the staff get me the Sunday Express so I can do their crossword," "I like to sit here by myself and play on my computer. I like Google map to see all the places I have visited and the ones I would like to visit. Getting a computer was the best thing I have ever done for myself," "Staff take me to Rochdale Tesco for my shopping," "Staff take you out whenever you want to go out" and "There is always something happening." Whilst we were in the home we saw staff playing bingo with some people and also saw a staff member helping a person with their knitting.

We asked the manager to tell us how staff cared for people who were very ill and at the end of their life. We were told about The Palliative Care Education Passport training that had been undertaken by one of the

senior care staff. The training had been developed by the education staff at the local hospice. The programme was developed to assist care homes within the region to deliver quality end of life care. The training accredits the actual care worker rather than the organisation they work for so when staff changed their employment they took their skills, knowledge and accreditation with them. The Palliative Care Education Passport training enables staff to recognise and meet the physical, emotional and spiritual needs of the dying person and their family.

The manager was aware of the importance of ensuring information was easily accessible and visible in a person's care record when they had a Do Not Attempt Resuscitation (DNAR) in place. This is a legal document that identifies that an informed decision has been taken to withhold cardiopulmonary resuscitation (CPR).

The people we spoke with told us they had no concerns about the service they received and were confident they could speak to the manager or the staff if they had any concerns. We saw that the manager kept a log to record any complaints made and to record the action taken to remedy the issues. One complaint had been made to the home since the last inspection of April 2017. The manager had recorded the action taken to address the issue.

We saw there was a complaints procedure in place that was displayed in each person's bedroom. The complaints procedure provided information about the process for responding to and investigating complaints. We suggested that it would be good practice to also display the complaints procedure where it would be visible for visitors to the home. On the second day of the inspection we saw that the procedure was displayed in the reception hall.

Is the service well-led?

Our findings

The home did not have a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run. The home had appointed a manager who had been in post for approximately nine months. We are aware that the manager had submitted their application to the CQC to become the registered manager.

During the inspection we were made aware that three DoLS applications had been authorised by the supervisory body. Two of the applications had been authorised in October 2017 and one had been authorised in November 2017. It is a legal requirement that the registered person must notify the CQC when a DoLS application has been authorised. No notifications had been sent to the CQC. We were told by the administrator, "It's been overlooked as we have been so busy." Failure to Notify CQC of these authorisations is a breach of Regulation 18(4B) of the Care Quality Commission (Registration) Regulations 2009. This matter will be dealt with outside of the inspection process.

From 01 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating, to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. On the first day of the inspection we saw that the previously awarded rating was not displayed in the home. The home did not have a website. We discussed the requirement to display the rating with the manager and the administrator. On the second day of the inspection the rating was still not displayed. Failing to display the previously awarded rating is a breach of Regulation 20A (3) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This matter will be dealt with outside of the inspection process.

During the previous inspection of April 2017 we found there was a breach of Regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to have an effective system in place to assess, monitor and improve the quality and safety of the service. A Warning Notice was served requiring the provider to put into place an effective quality monitoring system. During this inspection we found there had been an improvement in the way that the service was assessed and monitored. The Warning Notice had been complied with.

We saw that regular checks were undertaken on all aspects of the running of the home such as; infection control, medication, care plans, pressure area care, mattress checks, and the health and safety of the environment. Where it was identified that remedial action was required, plans had been put into place to rectify the issue.

We asked the manager to tell us how they sought feedback from people who used the service to enable them to comment on the service and facilities provided. We saw that surveys had been given out or sent to people who used the service, relatives, staff and professionals over several months during the Autumn of

2017. The feedback from the surveys was positive. Comments made included; "All residents /patients always seem happy and well cared for" and "Both [manager and administrator] have worked hard to put things in place to make things better at Marland. It's nice to see all the staff working together to make Marland a happy home."

Records showed that meetings were held every three months for people who used the service. We looked at the minutes of the last two meetings. Both were well attended. The meeting of October 2017 looked specifically at the food provided and menu choices and we saw people were asked to consider the type of food they wanted at the home. The meeting held In January 2018 focused on the activities provided and we saw this was partly in response to some of the comments made in the Autumn 2017 survey. One person wanted to do embroidery so staff organised for an embroidery kit to be provided. Another person wanted to do some knitting so needles and wool were provided. This showed that people were listened to by management and were encouraged to become involved in the running of the service.

Records we reviewed showed regular staff meetings took place. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments within the service and giving them an opportunity to discuss good practice.

Staff we spoke with told us they felt the manager was approachable and supportive. One member of staff told us they had witnessed the hard work put in by the manager since the previous inspection to ensure a better quality service. They believed that this was 'paying off'. Another told us, "Everyone likes her as a manager. Some staff have been here a long time and tell us she is the best they have had. They respect and like her. She is very fair." During the two inspection days we saw that the manager was visible around the home; supporting the care staff in the delivery of care.

The local authority commissioners told us they were continuing to work with the provider and manager to improve things and that management remained receptive to advice and suggestions. Rochdale Healthwatch informed us they had received no concerns about the management of the home.

People who used the service and their visitors told us; "The manager is brilliant, she is classed as a member of staff," "Managers are nice to approach and talk to" and "This home is run better. I could do with coming to stay here for a week myself."

We were told, and records showed, that the home had links with numerous community health services to help deliver effective care. The home worked in partnership with the local community nurses, continence services, the community dietician, the speech and language therapy service and the local pharmacist.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Hazardous substances were not stored securely. This placed the people who used the service at risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Staff did not receive appropriate induction and training to a satisfactory level on commencing their employment.