

Valorum Care Limited

Marske Hall - Care Home with Nursing Physical Disability

Inspection report

Redcar Road
Marske-by-the-sea
Redcar
TS11 6AA

Tel: 01642482672

Date of inspection visit:
16 September 2021
22 September 2021
29 September 2021

Date of publication:
25 October 2021

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

About the service

Marske Hall is a residential care home providing personal and nursing care for up to 30 older people, people living with physical disabilities, and younger adults. At the time of the inspection 26 people were using the service.

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

People were supported safely by enough suitably trained and recruited staff. Staff received supervision and appraisal. The provider was reviewing this process to ensure supervision remained a suitable and effective process for staff to utilise.

People were supported to have maximum choice and control of their lives by staff who supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care plans and risk assessments reflected their needs and preferences and staff were knowledgeable about the level of support people required.

People were supported to maintain hobbies, try new interests and to access the community. Rooms were personalised and decorated to reflect people's choices.

People were appropriately supported at mealtimes as assessed. Menus were available to ensure any personal preferences and dietary requirements were catered for.

Medicines were stored and administered safely. People were supported to take their medicines where needed.

People were supported to access to health and social care professionals when needed.

Quality monitoring processes were in place to check people received high quality care.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of all of the key questions the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were supported in the least restrictive way possible to make choices and received care and support that was person centred and

promoted independence and dignity.

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

Rating at last inspection

The last rating for the service under the previous provider was good, published on 18 October 2017.

Why we inspected

This was a planned inspection based on the time since it was first registered. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Marske Hall - Care Home with Nursing Physical Disability

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 Care Act 2014.

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 carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Marske Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-

We spoke with four people who used the service about their experience of the care provided. We spoke with two nurses, two activities co-ordinators, the chef, and the registered manager.

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with six residents, four care staff, four relatives, two volunteers and the quality, compliance and governance director. We looked at records associated with the safety of the home, and policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service was safe. People and their relatives told us they felt the service was safe. One relative said, "They check safety all the time. There are enough staff and I have no concerns at all."
- Policies and procedures for safeguarding and whistleblowing were accessible and provided staff with guidance on how to report concerns to help protect people from avoidable harm. A staff member said, "Oh gosh yes, (safe), I have never walked out of the home thinking that anybody is not safe. We have a safeguarding representative we can go to. I would be confident to speak to the manager or team leader and I would take it higher if I wasn't being listened too."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety and welfare were identified and well managed. People's care plans were reviewed monthly and included risk assessments about current individual care needs. Control measures to reduce such risks were set out in care plans for staff to refer to.
- Staff knew people well and were knowledgeable about people who displayed distressed behaviours. Daily handover meetings were held to discuss any changes in people's needs. The associated records were available for staff to review to ensure they were aware of any changes.
- Systems were in place to ensure accidents and incidents were appropriately recorded. Lessons were learnt where trends were identified with appropriate action taken. For example, review and interventions provided support for one person who had a series of falls to remain independently mobile and prevented further falls.
- Information was shared across the organisation to support learning and promote good practice.

Staffing and recruitment

- Staff were recruited safely. People were supported by staff who knew them well.
- The service had experienced some staffing issues but had managed this by having regular and consistent agency staff. These staff received a service specific induction and shadowed regular staff to enable them to provide effective support to people.
- Appropriate pre-employment checks were carried out to protect people from the employment of unsuitable staff.

Using medicines safely

- Systems and processes were in place to ensure people received support to take their medicines as prescribed.
- Staff understood where people were in pain and when to administer 'as required' medicines for pain relief.

Some associated protocols were not clear and were updated during the inspection to ensure staff only administered 'as required' medicines when it was safe to do so.

- Staff received training on medicines management and administration and their competency to do so was assessed.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received support and training to carry out their roles. Staff received supervision and appraisal as individuals and groups. However, some staff told us the process did not always provide regular opportunity for them to provide confidential recorded feedback on a one to one basis. Following our feedback, the provider reviewed their process for supervision and appraisal to ensure staff supervisions were used to develop and motivate staff, review their practice or behaviours, and focus on professional development.
- Staff received both routine training to carry out their day to day roles and training to meet people individual needs. For example, we observed staff routinely moving and handling people using a hoist. Staff were observed to be both skilful and sensitive to the persons needs with the activity being completed safely and without any distress caused.

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

- Pre-assessments were completed with people to ensure the service could meet their individual needs prior to admission.
- Staff understood peoples individual needs promoted choice and were respectful of their preferences.
- Care plans included person-centred information including peoples likes/dislikes and what makes them happy or sad to be recorded. This was an area under management review to ensure staff knowledge was recorded for the benefit of new employees. The quality, compliance and governance director told us, "We have plans to work with key workers to ensure we have extracted any other undocumented knowledge about people and use it to further enhance care plans." One person said, "Staff talk to me about my care and they support me with my own choices and preferences."

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

- People received support to enjoy a healthy balanced diet. One person said, "The food is always appetising, and breakfast is available all morning." A relative told us, "[Person] gets a choice of food which is lovely with a good choice. Staff offer to help with cutting up, and always ask first."
- Records were maintained to monitor people's weight, food and liquid intake. Where concerns were noted appropriate referrals were made to other health professionals for their input.
- Clear records were maintained and updated to ensure any choking risks were managed with the correct dietary input. The chef told us, "People can pretty much have what they want to eat. Everything is fresh. We have good information where specialist diets are required and can cater to all preferences; vegetarian, religious, whatever people want or need."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The service worked well with other agencies to support people holistically with their care and support.
- Care plans were routinely updated following access to healthcare services. For example, oral care, GP assessments, and input to support with behavioural challenges.
- Where people required access to healthcare services this was arranged in a timely way. A minibus with wheelchair access was available and used along with pre-booked taxis to ensure people accessed external health appointments on time.

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where restrictive practices were required to keep people safe, for example for the use of bed rails to prevent falls, appropriate decision making was recorded to ensure the equipment was both the least restrictive option and, in the persons, best interest.
- Where people did not have the capacity to make their own informed decisions information was provided in an accessible format and where appropriate, their family, friends and other care staff were involved.
- Staff understood the importance of encouraging people with other everyday decisions and choices they could make. One staff said, "I always ask people what they want to do, offer them choices and encourage their independence wherever possible."

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

- The home was accessible to everybody and people were able to navigate easily between different areas using required equipment. One staff member said, "Peoples rooms have ceiling hoists which make it so much easier to support people with personal care."
- People's individual rooms were personalised and reflective of their preferences, hobbies and interests. Substantial outside garden areas were accessible for people's enjoyment.
- People had access to an adapted minibus ensuring everybody could enjoy trips out and attend appointments. One person said, "We have a minibus, but we can also ask for adapted taxis to be booked when we want to go out. Some people have mobility cars and staff will drive them to the shops and to appointments."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- Staff clearly understood and were supportive of people's individual needs. One person told us, "Staff are lovely, I have a laugh. I go and get my medicines so they [staff] don't have to come to me. I choose my clothes; they help me have a shower. I go abroad with carers. It's like your family being here."
- People's diverse needs were supported. For example, the provider had good links with the local church where people were supported to enjoy religious activities. People's choice of carer was respected with male or female staff attending to their needs and staff encouraged people with any areas of independence.
- Where required, adjustments were made to ensure people received care and support as assessed. For example, people were supported with referrals for assessments to ensure they had access to any equipment to maintain their mobility.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and kindness by caring staff. One person told us, "I like to mostly stay in my room. I have everything I need, and staff check in to make sure I am okay."
- We observed staff interact with people in a caring and sensitive manner. We saw people were respected by staff and treated with kindness. The atmosphere in the home was calm and relaxed.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in their care planning. One relative said, "[Person] has lots of choices and is involved in care planning. You can trust staff here they're kind and understand you."
- People were supported to express their views. One person said, "I am fortunate, I can speak up and I do. The staff are supportive." Another person said, "I make lots of choices every day. Staff talk to me about my care and support; it's all in my care plan."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care, which met their needs. Records were written in a person-centred way with the involvement of the person and families. Care records were regularly evaluated to ensure the care and support remained effective with changes made where necessary.
- Individual personalised activities plans were in place and under review to ensure outcomes from people's involvement lead to positive improvements towards achieving their goals with consideration of their abilities.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in meaningful social activities and to engage with the local community in line with their choices and preferences. Volunteers helped to support people in a meaningful way. Where people remained in their rooms one to one support provided stimulation and helped to protect people from the risk of social isolation.
- A range of sensory activities and equipment helped to provide stimulation to people. A new sensory room was under development. The activities lead said, "We are developing the activities with feedback from people steering the outcomes. For example, we are having a chicken coup, setting up a shop which will be run by residents, and improving facilitates for people to take part in everyday living skills for example, cooking." People told us they were excited about the changes and discussed a broad range of activities available to them.
- People were enabled to take positive risks to carry out their chosen activity with plans developed to provide safe support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People received information in a way they could understand. Care plans included assessments to ensure peoples communication requirements were understood by staff.
- Staff used a variety of ways to communicate with people. For example, one person used some Makaton and other signs of their own. Staff discussed how another person would frown if they were angry or sad but would show a relaxed posture and smile if they were happy.

- Staff used visual aids and electronic communicators along with choice cards to enable people to convey their needs and wants. One person said, "There is a choice at mealtimes. The menus are colourful pictures of the food which helps me to decide."

Improving care quality in response to complaints or concerns

- A policy and procedure was available in a variety of accessible format to help people raise their concerns and complaints. The process ensured oversight for themes and trends to provide improvements.
- People and their relatives told us they would be happy to raise their concerns. A relative said, "I know about the complaints process, but I have never complained officially, I spoke to the manager and they sorted it out."

End of life care and support

- At the time of inspection, the service was not supporting anyone who required end of life support. The registered manager was taking a lead role in promoting discussions and planning to ensure people receiving this care and support did so with regard to their wishes and preferences. Associated end of life training was available for staff with support from experienced health professionals, for example, Macmillan nurses.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider had maintained good communication to keep people and their relatives informed through a difficult period of transition. One volunteer at the home said, "It's been difficult the last 18 months due to Covid. I have gone again recently. There is a new Service Manager, a listening person. There are some changes already. Staff seem to like her. It's a happy place." Another person said, "Some staff left, a great shame as we had continuity. Difficult when new staff come along. The staff level is very good."
- People told us they were routinely consulted with and that their wishes, plans for their care and feedback about the service were listened to and respected. One relative said, "There is nothing to improve. There are residents' meetings monthly and volunteers have separate meetings with the volunteer coordinator. They [staff] are responsive to suggestions."
- During the pandemic alternative ways for people to maintain contact with their family and friends had been introduced. This included the transformation of a visiting pod, improved visual communication, and sharing of information associated with activities enjoyed by people in Marske Hall. One relative said, "They [staff] keep you informed about whatever is going on, like an event or visiting arrangements, or a play they are putting on, they always tell you."

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

- People achieved good outcomes due to the culture at the home. People told us they enjoyed living at Marske Hall and were positive about the care and support they received. One person said, "The staff are friendly. I have physio here at the home and we are progressing hopefully towards small walking steps again. It's slow but the physio is patient with me."
- The provider, registered manager, and staff demonstrated they had a clear vision and strategy to deliver high-quality person-centred care with a focus on good outcomes for people.
- The registered manager was supported by the provider with regular oversight visits made by the management team. It was apparent from our observations that they knew people well and people and staff felt at ease around them.

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 requirement for duty of candour. Evaluation of areas of the service was a key theme, this helped to identify areas for improvement for the benefit of the people who lived there.

- Urgent bulletins were shared along with learning from incidents at other services to progress staff understanding and to promote safe care and support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The manager and staff were clear about their roles and responsibilities. The registered manager reported incidents that were legally required to the relevant partner agencies and to the CQC.
- There were quality assurance systems in place to monitor the service and drive improvements where required.
- People received holistic care and support from multidisciplinary teams and health professionals. For example, where people posed behaviours that were challenging to staff, specialist input was provided which helped guide staff and enabled positive outcomes of care.