

Careconcepts (Manchester) Ltd

Marion Lauder House

Inspection report

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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

Marion Lauder House is a care home providing personal and nursing care for up to a maximum of 79 people. The service provides support to older and younger adults and people living with dementia. At the time of our inspection there were 73 people using the service.

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

The recruitment of staff was not always safe as previous employment history was not always recorded and references were not always obtained from the most appropriate referees. Advocacy support had not been considered for one person when decisions were being made about their care and support.

The management of medicines was safe but further work was completed following the inspection to ensure medicines administered covertly were clearly recorded. Records in relation to fluid intake were not always accurately recorded. Quality monitoring processes had not highlighted the concerns found at this inspection.

People felt safe living at the home and told us staff were kind and caring. Internal and external health and safety monitoring of the home was regularly completed. Risks to people were identified and strategies implemented to reduce each risk. Infection control was well managed.

People received regular reviews from health and social care professionals. Relatives were regularly updated with information about their relations health. People received a healthy and nutritious diet. A programme of refurbishment was planned for the home. The home was fully accessible.

Staff promoted independence and we saw dignified interactions with people living at Marion Lauder House. Staffing levels were sufficient from our observations; however, we made a recommendation to review the staffing dependency tool to ensure it was suitable for the home. Staff received an induction, training and supervision. Staff felt supported by the manager.

There was a programme of activities in place, however, people from the nursing unit did not always take part. We made a recommendation; the provider reviewed the activity provision for people on the nursing unit. Care plans were in place and staff were aware of people's needs. We made a recommendation; the provider ensures people, and their representatives are involved in reviewing their care records and advocacy support should be considered where people don't have any representation.

People and their relatives felt confident to raise any concerns they had with the manager or staff. Staff were aware of safeguarding processes. Relatives felt the manager was responsive. There had been a change in directors since the last inspection and an action plan was in place to highlight the improvements they wish to make and by when. We received positive feedback from professionals about the management and staff at the home.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection and update The last rating for this service was requires improvement (published 28 August 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations.

Why we inspected

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

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.

Enforcement and Recommendations

We have identified a breach in relation to good governance.

We have made recommendations the provider should review the dependency tool used to calculate staffing levels, provision for activities for people in receipt of nursing care and for people's representatives to be involved in reviews of care and advocacy support should be considered where people don't have any representation.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led..

Details are in our well-led findings below.

Requires Improvement ●

Marion Lauder House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection team consisted of 4 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

Marion Lauder House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Marion Lauder House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of the inspection, a new manager had been in post for 12 months and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we reviewed 7 care records and nine medication records. We reviewed 7 staff recruitment records and records relating to staff induction, training and supervision. We looked at quality assurance audits and action plans and any improvements the provider planned to make. We spoke with 9 people who lived at the home and 18 relatives. We also spoke with the manager, the nominated individual, the area manager and the deputy manager. In addition, we spoke with 11 staff members working at Marion Lauder House. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Safe recruitment processes were not always followed.
- Employee application forms were not always fully completed with missing information on employment history. References did not always correspond with the information on the application form and some references were from friends of the applicant. This was amended during the inspection, and we were informed the provider and admin teams were reviewing all recruitment records.

Records relating to people employed did not include information relevant to their employment in the role. The breach of regulation 17 (2)(d) (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We observed staffing levels to be sufficient on the day of the inspection. Staff were busy throughout the day and some staff told us they felt they needed more staff on duty. People living at the home felt staff were responsive to their needs and said, "There is always someone to greet me." and "If you need them (staff) at night, they will come. They are on the ball." Most relatives spoken with felt there was enough staff on duty.
- We reviewed the staffing dependency tool which the provider used for calculating staffing levels and found it was not always reflective of the staff on duty.

We recommend the provider reviews the staffing dependency tool to ensure it is suitable for Marion Lauder House.

Using medicines safely

- Medicines were administered as prescribed.
- Medication records were completed and as required medicines such as pain relief gave guidance on when to be administered for those people who could not verbally inform staff they were in pain.
- Some people were receiving their medicines covertly. One person did not have any guidance from the pharmacy on how the medication should be administered, for example, crushed in food or drink. Another person's care plan for covert medicines stated the person took their medicines normally. However, another care plan recorded the same person will refuse medicines and be non-compliant. We were not assured care records reflected the correct medicines support required. This care plan was amended following the inspection.

Assessing risk, safety monitoring and management

At our last inspection, we found people were at risk of potential harm as systems and process were not robust enough to demonstrate people's safety was being maintained. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 12.

- Risk management strategies to support people's health, safety and welfare were recorded.
- Where people were at risk of falls, equipment such as low beds, falls mats and sensors were in place to mitigate any falls risks.
- Risk assessments in relation to skin integrity and swallowing were in place and staff were aware of how people should be supported in these areas.
- People and their relatives felt Marion Lauder House was a safe place to live. One person told us, "I love it here. The staff are great to me and if you press your button, they come and help you."
- A relative told us, "I feel reassured [Name] is well looked after." Another relative said, "The staff are great, they look after [Name] well."
- The health and safety of the home was continually monitored and equipment such as firefighting systems, hoists, passenger lifts and gas appliances were regularly serviced. The electrical system at Marion Lauder House were undergoing further work following concerns being found on the last Electric Installation Condition Report.

Systems and processes to safeguard people from the risk of abuse

- Processes were in place to support staff to identify and report abuse. Any allegations of abuse were reported to the local authority safeguarding team for further investigation.
- Staff received training to underpin their knowledge on safeguarding vulnerable adults.
- Staff felt they provided good, safe care.
- A person told us, "The staff here are lovely, I feel well looked after and safe."

Preventing and controlling infection

- The home required some improvements to the cleanliness, particularly in communal corridors and skirting boards.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was following the most up to date guidance for visiting in care homes.

Learning lessons when things go wrong

- Accidents and incidents were recorded. Any learning from incidents such as falls were implemented in care plans to reduce further occurrences.
- The provider had completed a root cause analysis to review wound care across the home. The analysis

was being used to improve outcomes for people who were at risk of their skin breaking down.

- Relatives told us they were informed of any accidents or incidents when they occurred. One relative said, "I never have any problems or issues. They (staff) always ring us and keep us up to date."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were supported to eat and drink and maintain a balanced diet. However, there were gaps in fluid monitoring records, and we were not assured people were receiving enough fluid as per their assessed need.
- One person was assessed as requiring 1500mls of fluid each day. According to the electronic communication records, they received 200mls and on the fluid observation sheet, they received 600mls.
- Another person who was also assessed as requiring 1500mls of fluid per day was recorded as receiving 200 – 800mls per day according to the electronic record.

The provider did not maintain an accurate, complete and contemporaneous records in respect of each service user, including a record of the care and treatment provided. This was a breach of regulation 17 (2)(c) (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people have been identified as requiring a modified diet, this was recorded in their care plan. Staff were aware of who required support with nutrition and fluid intake.
- People spoke positively about the food. One person said, "The food is quite good, and you get a choice. They will make you something else if you ask for it."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal

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

- People were supported in line with current laws and guidance; however, specific guidance had not been considered in relation to advocacy support when making decisions about end-of-life care.
- One person who lacked capacity to make decisions, had an advanced care plan in place which recorded they were not for resuscitation. The GP had made the decision with a staff member; however, the provider had not considered current best practice in obtaining advocacy support for the individual.
- Staff received training in the MCA and DoLS. Staff understood how they should provide care in the least restrictive way and in people's best interests.
- People were assessed prior to moving into the home to ensure the provider could meet their needs. Assessments captured important information to ensure each person's needs could be met.

We made a recommendation; people and their families are included in reviewing care records and advocacy support should be considered where people don't have any representation.

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

- Marion Lauder House is a purpose-built care home. The home is fully accessible, including garden spaces.
- A programme of refurbishment is planned for the home as the provider had highlighted areas for improvements such as new carpets and redecorating.
- There were themed rooms such as the 70's room which contained 70's patterned wallpaper as well as memorabilia from that era.
- One person told us, "I love my room, I can look out at the garden." Another person said, "My room is nice, I have my personal things in there."

Staff support: induction, training, skills and experience

- Staff were provided with an induction and training suitable for their job role.
- Training was a mixture of e-Learning and face to face training.
- Staff had a mixture of employment? and life experience and were recruited based upon their ability to fulfil their role effectively.
- The provider was currently reviewing clinical training for nurses to ensure their personal development continued to be updated.

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

- People living at the home were able to receive health and social care interventions from the relevant professionals.
- The GP surgery completed a weekly visit to the home to review people's health and any new concerning changes to their wellbeing.
- A health professional told us, "They (staff) are very responsive. They act appropriately. They are good at triaging. We don't have any concerns and have a good relationship."

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.

At our last inspection we rated this key question good, the rating for this key question has remained 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; Respecting and promoting people's privacy, dignity and independence

- People were well treated and supported and had their equality and dignity respected.
- We observed people being supported with dignity. Staff spoke kindly and sensitively to people and were able to use strategies to calm people when they were becoming distressed.
- We observed staff knocking on peoples' bedroom doors and gaining permission to enter as well as staff discreetly informing people they were being helped to their room for support with personal care.
- People living at the home told us, "The staff are excellent." and "I am well looked after and safe here and it's nice to have company. There is nothing too much trouble for the staff to do for you."
- A relative told us, "I can see [Name] is loved, happy and content. I can see the love, care, and compassion they (staff) give, and I cannot fault that." Another relative said, "I am impressed with the empathy staff show to residents."

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

- People told us they were able to give feedback to staff about aspects of the home.
- One person told us; they had been able to speak with the chef about the menu and another person said they were able to choose how they spent their time.
- A relative said, "The staff go out of their way to help you. [Name] eyes light up at certain carers and [Name] has a laugh with them."
- A staff member told us, "People living with dementia can still make choices. We have pictures of foods to help people make decisions. We also ask families to be involved and tell us what the person likes."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection, the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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 living in the residential unit were supported to maintain relationships and were encouraged to take part in activities to avoid social isolation.
- Most people spoke positively about being engaged in activities, but some people felt there wasn't enough for them to do.
- People could spend time in the garden or go for a walk. A programme of activities was available, and people spoke positively about the activities staff.
- We observed people listened to MP3 players with their own choice of music and a game of bingo in the afternoon.
- On the nursing unit, there was very little stimulation with interventions only occurring during care tasks.

We recommend activity provision is reviewed for people living within the nursing units to ensure people are not socially isolated.

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

- Care plans were reflective of people's needs and contained information for how staff should effectively support people.
- One person was being cared for in bed as they neared the end of their life but some of their care plans had not been updated to reflect this. However, staff were aware of the persons current needs and were providing appropriate care and treatment.
- Staff were aware of people's care needs and accessed care records via an electronic device. One staff member said, "Before you support someone, you sit and read care plans and risk assessments."
- Care records were regularly reviewed by the manager to ensure they accurately reflected people's needs. However, there was no evidence people, their families or staff were involved in each review.

We made a recommendation; people and their families are included in reviewing care records and advocacy support should be considered where people don't have any representation.

End of life care and support

- People were supported to remain at the home at the end of their life.
- Staff had received training to enhance their knowledge in providing good end of life care.

Improving care quality in response to complaints or concerns

- Any complaints or concerns were recorded and investigated.
- Outcomes of complaints were shared with complainants and if appropriate, with the staff team for wider learning.
- People and relatives were aware of how they can make any complaints. A relative told us they found the manager had an open door and was able to raise any concerns in a safe and respectful manner.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The home used signage to orientate people to their bedrooms or bathrooms.
- Information could be provided in alternative formats such as large print on request.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection, the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, we found governance systems were not robust enough to demonstrate safety was effectively managed. Limitations of systems had not been identified. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider remained in breach of regulation 17.

- Quality assurance audits to monitor the service were in place but were not highlighting the shortfalls found in the safe recruitment of staff, the recording of some covert medicines, the recording of fluids and where advocacy was not being considered as part of end-of-life planning.

The provider did not always identify where quality and safety were being compromised. This was a breach of regulation 17 (2)(a) (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There had been a change of directors since the last inspection and a new manager was in post. An area manager had also been appointed to support the provider and weekly calls and monthly clinical governance meetings took place to discuss any matters arising.
- Clinical observations such as the oversight of skin integrity, falls and nutrition were analysed for trends and patterns. A root cause analysis had been completed around the management of wound care which highlighted areas for improvement and actions were being implemented to ensure the improvements were being embedded.
- An action plan had been implemented by the provider to ensure regulatory requirements would be met. This included increasing compliance with staff training and reviewing the governance and audit processes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives generally spoke positively about living at Marion Lauder House.
- Comments included, "Communication is very good."; "[Manager] is great" and "They (the staff) don't try to

hide anything. I feel they are open and honest and very accommodating and obliging and accommodate our wishes."

- Staff felt supported by the manager and were getting used to the change in directors. A programme of staff supervision and appraisal was planned, and staff felt they could speak to the manager when necessary. A staff survey had recently been completed and staff were waiting for the results to be shared.
- Staff attended regular meetings and were included in handovers between shifts to ensure all relevant information was shared to keep people safe.

Working in partnership with others; Continuous learning and improving care

- The provider had developed an action plan to improve key areas of the home. The action plan was regularly reviewed with the manager and directors to ensure progression was being made and sustained.
- The provider worked with the local authority as part of external quality performance monitoring. Feedback as part of the monitoring was positive.
- A wide range of health and social care professionals regularly supported the manager and staff team in the best interests of people who live at the home.

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 was aware of their responsibilities to be open and transparent. Any notifiable incidents had been reported.
- It was evident from speaking with relatives, they were continually kept informed of any changes to their relation. Relatives' meetings had been planned in advance.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>Records relating to people employed did not include information relevant to their employment in the role.</p> <p>The provider did not maintain an accurate, complete and contemporaneous records in respect of each service user, including a record of the care and treatment provided.</p> <p>The provider did not always identify where quality and safety were being compromised.</p>