

Walmley Care Home Ltd

# Marian House Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Marian House Nursing Home 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. The home is registered to provide accommodation and nursing care for up to 42 older people. There were 40 people living in the home at the time of our inspection visit.

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

The provider had safeguarding systems and processes in place to keep people safe. Staff knew the risks to people and followed the assessments to ensure they met people's needs. People felt safe and were supported by staff who knew how to protect them from avoidable harm.

Staff were recruited safely and there were enough staff to meet people's needs. Staff followed the infection control procedures the provider had in place. Risks to people's health and well-being had been assessed and monitored to ensure they were kept safe. People received their medication as prescribed.

The provider had quality assurance systems with competency checks of staff completed regularly. The registered manager understood their legal responsibilities in regard to safeguarding and notifications. The provider worked with other professionals such as district nurses and GP's to ensure care needs were met.

People and their relatives told us the service was well-led. They told us the management team and staff were good. Provider feedback processes had been used to gather information about the views of people, their relatives and stakeholders about the service provision.

Staff spoke positively about working for the provider. They felt well supported and that they could talk to the management team at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 19 April 2018).

### Why we inspected

We received concerns in relation the management of safeguarding incidents. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of Safe and Well-Led only. We found no evidence during this inspection that people were at risk of harm from this concern.

We reviewed the information we held about the service. No areas of concern were identified in the other key

questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. Please see the Safe and Well-Led sections of this full report.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Marian House Nursing Home

## **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 one inspector and a specialist nurse advisor with extensive knowledge and experience in many fields including older person's care and dementia.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### 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 and professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with seven members of staff including the registered managing, deputy manager and care workers.

We looked at six people's care records to see how their care was planned and delivered, including pre-assessment records and risk assessments. Other records we looked at included accident and incident records, safeguarding, complaints and compliments. We also looked at staff scheduling records, management of medication and the provider's audits, quality assurance, infection control procedures and overview information about the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at safeguarding and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse. One staff member told us, "There are different types of abuse such as financial, physical and emotional. "
- The provider had safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. One staff member told us, "If there is a safeguarding incident, I would inform management however if I was unhappy with how the incident was handled, I would contact CQC, the local authority or the police".
- People and their relatives explained how staff maintained people's safety. A relative told us, "[Name of resident] is looked after very well. I have no concerns or complaints. They have ensured I've had regular contact during lockdown".

Assessing risk, safety monitoring and management

- The provider assessed risk for both people and the environment, these were managed through clear person-centred records.
  - Individual risk assessments met the specific needs of people to keep them safe. For example, we saw assessments to manage the risk from people's behaviour and the risk of falls, with clear instructions for staff to follow.
  - Staff we spoke with confirmed identified risks and knew how to safely manage them in line with the risk assessments.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The provider ensured people had a consistent staff team. One relative said, "No issues with the staff, when we could visit you could easily see the staff have a genuine rapport with people".
- Each person's staffing needs were pre-assessed on an individual basis, which were reviewed and updated regularly as people's individual needs changed.
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks.

Using medicines safely

- Medicines were managed to ensure people received them safely and in accordance with their health needs and the prescriber's instructions.
- Staff completed training to administer medicines and their competency was checked regularly to ensure

safe practice.

- Administration of medication records indicated people received their medicines regularly. This was confirmed by relatives we spoke with.
- There were clear protocols for staff to follow for people who had been prescribed medicine to be used as required (PRN).
- People's medicines were safely received, stored and administered. Management completed monthly audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified. We saw in these audits that where issues were identified appropriate action was taken, including learning opportunities for staff.

#### 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 accessing testing for people using the service and staff.
- 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.

#### Learning lessons when things go wrong

- We found accident and incident records were completed and monitored by the acting manager for trends to reduce the number of accidents and incidents.



# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives spoke positively about the care they received and of the way the service was run.
- One relative said, "[Name of registered manager] is very good and will always listen to any suggestions or concerns and take action."
- Staff at all levels were committed to providing people with a high standard of care which was tailored to their needs and preferences.

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

- People were supported by staff who were trained and motivated to carry out their role.
- Staff received regular supervisions where they had the opportunity to discuss their role and performance.
- Staff training, skills and competence were regular monitored through observations of their practice and regular refresher training.
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose.
- In accordance with their legal responsibilities, the provider had informed us about significant events which occurred at the service within required timescales.

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 promoted an ethos of openness and transparency which had been adopted by all staff.
- There were some examples of learning where things went wrong and open discussions with people and their relatives.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The acting manager confirmed that an annual satisfaction survey will be issued to provide people with the opportunity to express a view about the quality of the service provided.
- People's views were sought daily when receiving support.
- We found there were regular meetings for staff and their views were encouraged. Staff told us they felt valued and their views were respected. One staff member told us, "The team meetings give us an

opportunity to express our opinions and make suggestions for improvement."

#### Continuous learning and improving care

- There were effective procedures in place to monitor and improve the quality and safety of the service provided. These included a range of audits and monitoring the skills, training and competence of the staff team. For example, the registered manager had identified an increase in the number of falls. An analysis was conducted which identified contributing factors. Recommendations were implemented to reduce the number of falls such as amending pre admission paperwork to capture more details of people's needs.
- The provider's policies and procedures were regularly reviewed to ensure they complied with current best practice and legislation.

#### Working in partnership with others

- We found the provider was working in partnership with people's relatives, health professionals, local authority departments and various groups and services within the community to ensure that people were supported appropriately. For example, the provider had worked in partnership with local quality improvement initiatives such as improvement in oral care standards.