Marsden Healthcare Limited

Marsden Heights Care Home

Inspection report

316 Kings Causeway
Brierfield
Nelson
Lancashire
BB9 0EY

Tel: 01282697144
Website: www.marsdenheightscarehome.co.uk

Date of inspection visit:
29 August 2018
30 August 2018

Date of publication:
12 October 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

We carried out an unannounced inspection of Marsden Heights Care Home on 29 and 30 August 2018.

Marsden Heights Care Home is an adapted residence located in a semi-rural area on the outskirts of Brierfield. There is a garden area and a small car parking space to the front of the property. The accommodation is mainly provided on one level and includes a lounge with linked dining area with a kitchenette and a separate 'quite room'. There are 18 single bedrooms and one twin room. Further accommodation for up to four people is provided in a lower floor flat. This has two bedrooms with en-suite shower rooms and a shared lounge/dining room with kitchen area.

Marsden Heights is a 'care home' which is registered to provide care and accommodation for up to 24 people including people living with a dementia. People in care homes receive accommodation and nursing care as a 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. Nursing care is not provided at Marsden Heights Care Home. At the time of our inspection 20 people were using the service.

There was a registered manager at the service. 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 24, 25 and 26 May 2017 the service was rated overall Requires Improvement. We found the provider was in breach of one regulation of the Health and Social Care Act (Regulated Activities) Regulations 2014. This related to a lack of robust recruitment procedures prior to staff starting work at the service. Following the inspection, the provider sent us an action plan outlining the progress to be made. At this inspection we found action had been taken to make improvements.

We found there were management and leadership arrangements in place to support the effective day to day running of the service.

Processes were in place to make sure all appropriate checks were carried out before staff started working at the service. People told us they felt safe at the service.

Arrangements were in place to promote the safety of the premises, this included maintenance, servicing and checking systems. However during the inspection, we identified some areas were in need of attention.

Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. Staff had received training on safeguarding and protection matters.

There were some good processes in place to manage and store people's medicines safely. We found some improvements were needed with record keeping, this was put right during the inspection.

There were enough staff available to provide care and support; we found staffing arrangements were kept under review and additional staff were being recruited.

People's needs were being assessed and planned for before they moved into the service. Each person had a care plan, describing their individual needs, preferences, behaviours and routines. This provided guidance for staff on how to provide person centred support. People's needs and choices were kept under review.

People were supported with their healthcare needs. Changes in people's health and well-being were monitored and responded to. Where necessary, people received appropriate medical attention.

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

People made positive comments about the caring attitude of staff. They said their privacy and dignity was respected. Throughout the inspection we observed staff interacting with people in a kind, pleasant and friendly manner. They were respectful of people's choices and opinions.

Visiting arrangements were flexible; relatives and friends were made welcome at the service.

People had mixed views about the provision of activities and opportunities for social/emotional engagement. However, we found progress had been made and was ongoing. There were opportunities for people to engage in a range of group and individual activities.

Most people said they were satisfied with the variety and quality of the meals provided at the service. We found various choices were available and people's individual needs and preferences were catered for. Arrangements to monitor an enhance people's mealtime experience were ongoing.

People spoken with had an awareness of the service's complaints procedure and processes. They indicated they would be confident in raising concerns.

There were adaptations and equipment to assist people with mobility and orientation. There was a suitable standard of décor and furnishings to provide for people's comfort and wellbeing. We found action was being taken in response to people's specific needs and preferences.

A variety of audits on quality, systems and processes were completed regularly. Arrangements were in place to encourage people to express their views and be consulted about Marsden Heights Care Home, they had opportunities to give feedback on their experience of the service. There were plans in place to make improvements.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

Processes were in place to maintain a safe environment for people who used the service. However, we found some safety matters required attention.

Staff recruitment had improved, all relevant checks for the protection of people who used the service had been carried. There were enough staff available to provide safe care and support, additional staff were being recruited. Staff knew how to report any concerns regarding possible abuse and were aware of the safeguarding procedures.

We found improvements had been made with safely supporting people with their medicines.

Is the service effective?

Good

The service was effective.

Processes were in place to find out about people's individual needs, abilities and preferences. People's health and wellbeing was monitored and they had access to healthcare services. Most people were satisfied with the quality and variety of meals provided.

People were encouraged and supported to make their own choices and decisions. The service was meeting the requirements of the Mental Capacity Act 2005.

Arrangements were in place to develop and supervise staff in carrying out their roles and responsibilities.

Is the service caring?

Good

The service was caring.

People made positive comments about the kind and caring attitude of staff. We observed positive and respectful interactions between people using the service and staff.

Staff were aware of people's individual needs, backgrounds, behaviours and personalities, which helped them provide personalised support.

People's dignity and personal privacy was respected. Positive relationships were encouraged and visiting times were flexible.

Is the service responsive?

Good

The service was responsive.

Each person had a care plan which included information about the care and support they needed. Care plans had been developed, to promote a more personalised and responsive approach to care planning and care delivery.

People were supported to take part in a range of individual and group activities. Progress had been made and was ongoing to provide more meaningful activities and engagement.

There were processes in place to manage and respond to complaints, concerns and any general dissatisfaction with the service.

Is the service well-led?

Good

The service was always well-led.

There was a management team providing effective leadership and direction. People made positive comments about the management and leadership at the service.

Staff were knowledgeable and enthusiastic about their work. They indicated the registered manager was supportive and approachable.

There were processes in place to regularly monitor the quality of people's experience at the service.

Marsden Heights Care Home

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.

We visited Marsden Heights Care Home on 29 and 30 August 2018 to carry out an unannounced comprehensive inspection. The inspection team consisted of one adult social care inspector and an expert by experience who attended on the first 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.

Before the inspection, we reviewed the information we held about the service, including notifications and previous inspection reports. A notification is information about important events which the service is required to send us by law. We contacted the local authority contract monitoring team, the local authority safeguarding team, social workers, district nurses and GP practices to obtain feedback about the service.

The provider sent us a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to decide which areas to focus on during the inspection.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection visit we talked with nine people living at Marsden Heights about their experiences at the service and spoke with three visiting relatives. We looked round the premises and carried out observations in the communal areas of the service.

We spoke with three care workers, both deputy managers, the cook, a cleaner and the registered manager. We also talked with a visiting healthcare professional. We looked at a sample of records, including three care plans and other related care documentation, two staff recruitment records, training records, menus, complaints records, meeting records, policies and procedures, quality assurance records and audits.

Requires Improvement

Our findings

We checked if people were protected by the staff recruitment procedures. At our last inspection we found the provider had not ensured robust recruitment procedures were carried out prior to staff working at the service. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made. The provider had revised their recruitment policies and procedures and the registered manager had updated their skills and knowledge on employment law. We reviewed the recruitment records of the two newest recruits. Character checks including, identification, references and employment histories had been completed. A DBS (Disclosure and Barring Service) check had been carried out. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. The process included candidates completing an application form and attending an interview.

The application form had been amended to meet the requirements of employment law legislation around potential discrimination. All new employees completed a probationary period to monitor their work conduct and competence. The service had disciplinary procedures in place to manage unsafe and ineffective staff conduct.

We reviewed the processes in place to maintain a safe environment for people who used the service, visitors and staff. At our last inspection we found some matters in need of attention, at this visit we therefore checked for progress. We noted bathroom doors had been fitted with suitable locks and radiator covers had fitted to minimize the risk associated with hot surfaces. Risk assessments had been completed in response to people having access to the kitchenette.

Records showed arrangements were in place to check, maintain and service fittings and equipment, including gas and electrical safety. We found fire safety risk assessments were in place. Fire drills and fire equipment tests were being carried out. There were contingency plans to be followed in the event of failures of utility services and equipment.

We found some matters in need of attention. We were concerned about the mortice lock on the front door being used in addition to the keypad door release system. The key for the mortice lock was not at readily at hand for security reasons. This meant exiting in an emergency situation could be hampered. The registered

manager took proactive action at the time of the inspection to resolve this matter and provided clear directives to staff on the safe use of the door.

We also noted there was an unsuitable door lock on one bedroom door which could prevent access being gained in an emergency. There were also uneven surfaces on outside areas which presented as potential tripping hazard to people using the service. Following the inspection, we received information to confirm action had commenced to rectify these matters and ensured us there are continued improvements.

The areas we looked at were kept clean. People spoken with said, "I think it's clean enough here," "My room and the communal areas are kept clean now" and "It is clean here." A visiting health care professional told us, "No problems with cleanliness." We noted some areas were due to be cleaned and we spoke with the cleaner who described the cleaning schedules in place to maintain hygiene standards. Suitable cleaning equipment and laundry facilities were provided. Protective personal equipment, including gloves, aprons and anti-bacterial hand wash was available. Guidance on effective hand hygiene was displayed. There were processes to audit, monitor and respond to infection prevention and control measures at the service.

We looked at the way people were supported with the proper and safe use of medicines. At our last inspection, we recommended the medicine audit processes be developed to identify and rectify shortfalls in a timely way. At this inspection we found improvements had been made. There were processes in place to complete ongoing audits of medicine management practices. They included regular monthly audits by senior staff, two monthly audits by the registered manager and six monthly audits by the pharmacist.

Processes were in place to assess, record and plan for people choosing to self-administer their own medicines. The care plan process included a medicines risk screening assessment and instructions for staff on supporting people safely with their medicines. Most of the people spoken with were aware of their medicines, all said they got them on time. Their comments included, "The medicines are all administered correctly and pain relief is offered when needed" and "I get my medicine regularly, twice per day."

We checked the procedures and records for the storage, receipt, administration and disposal of medicines. Medicines storage areas were found to be clean, tidy and secure. Appropriate storage and administration was in place for controlled drugs, which are medicines which may be at risk of misuse. Appropriate records were kept to monitor the temperature of the medicines storage areas. People had been provided with secure facilities in their bedrooms where medicines could be stored.

The medicines administration records (MAR) we reviewed were appropriately kept, complete and accurate. Each person had a 'medication profile' which included, a photograph of the person, prescribed medicines, diagnosis and known allergies. We suggested the profile be developed to provide person centred information on how and where, people preferred to take their medicines. There were individual protocols for the administration of medicines prescribed "as necessary" and "variable dose" medicines. These were to ensure staff were aware of the individual circumstances when this type of medicine needed to be administered or offered. People with external medicines, such as topical creams, had recording charts with 'body map' diagrams for care staff to refer to and complete. We noted a 'body map' was not available for one prescribed item; however, the deputy manager rectified this matter during the inspection.

Since our last inspection a stock of 'over the counter remedies' had been introduced. This meant people could access items for treating minor ailments, for their comfort and well-being. There were medicine management policies and procedures and recognised good practice guidance, which were accessible to staff. Records and discussion showed staff providing support with medicines had completed training. There were arrangements in place to assess, monitor and review staff competence in providing safe, effective

support with medicines.

We reviewed how the service managed staffing levels and the deployment of staff to support people to stay safe and meet their needs. We asked people about the availability of staff at the service. They told us, "A good thing here is that they are quick to respond whenever I use my buzzer," "I feel that there aren't enough staff at certain times" and "It's good to have people around who come and have a word with me if I need support." A health care professional who visited regularly told us, "No concerns there's always enough staff around." All the staff spoken with told us there were enough staff at the service. A visitor spoken with said sometimes staff seemed busier at the weekends and took longer to answer the door.

There was a process in place to monitor and review staff deployment on a weekly basis; this took into consideration people's dependency needs and the level of staff support they needed. Consideration was given to time for activities and record keeping. We noted that since our last inspection staffing levels had been increased in the evening. The registered manager confirmed additional staff were provided as needed, for example to provide support with appointments. We looked at the staff rotas, which indicated arrangements were in place to maintain consistent staffing levels. We noted there were less staff on duty at weekends, however the registered manager had identified this a matter for improvement and was in the process of recruiting additional staff.

We checked how the service protected people from abuse, neglect and discrimination. All the people spoken with said they felt safe at the service and expressed confidence in reporting concerns. They told us, "I'm as safe here as anywhere," "I feel safe and I have a buzzer to use at night," "The members of staff are very good here," "If there was anything wrong, I would always speak with [Staff member]," "I feel safe, because there's always someone here" and "I would speak to staff about any issues that may arise." A visitor said, "It is safe here and it is meeting [My relative's] needs."

Before the inspection, we reviewed the information we held about the service relating to safeguarding incidents and allegations of abuse. We reviewed some of the previous incidents and ongoing concerns with the registered manager. Systems were in place to record and manage safeguarding matters. The registered manager had appropriately liaised with local the authority and other agencies, in relation to allegations and incidents. The care planning process included a section for any safeguarding and protection matters to be responded to. Staff spoken with expressed an understanding of safeguarding. They were aware of the various signs and indicators of abuse and were clear about what action they would take if they witnessed or suspected any abusive practice. The service had policies and procedures on safeguarding and protecting people.

Staff were aware of the service's 'whistle blowing' (reporting poor practice) policy. Information, including leaflets on keeping people safe and reporting safeguarding matters, was on display in the entrance hallway.

We looked at how risks to people's individual safety and well-being were assessed and managed. Each identified area of need in the care planning process included a risk screening assessment to highlight any potential risks. There were risk assessments and risk management plans, to guide staff on minimising risks to people's wellbeing and safety. The risk assessments included, moving and handling, mental health, skin integrity, nutrition, behaviours and falls. Risk assessments were kept under review. Staff spoken with had an awareness of the risk assessments and told us how they were shared with the staff team and kept up to date. The care planning process had been developed to provide person centred directions on keeping people safe. Records were kept of any accidents and incidents. Processes were in place to monitor any accidents and incidents, so the information could be analysed for any patterns, trends and 'lessons learned.'

Referrals were made to relevant health and social care agencies as appropriate. Each person had a PEEP (personal emergency evacuation plan) in the event of emergency situations.

Good

Our findings

We looked at how people's needs and choices were assessed and their care and support delivered to achieve effective outcomes. A visitor told us,"[My relative] and I were both involved in the initial assessment," another said, "The manager was really good. She went to see [My relative] in hospital." We reviewed care records which showed wide-ranging needs and preferences assessments had been carried out. The registered manager described the process of initially assessing people's needs and abilities. People were encouraged to visit the service. This was to support the assessment process and provide people with the opportunity to experience the service before moving in. One person told us, "There was some help in settling in, because the staff came to speak to me regularly and ensured that I felt comfortable."

The service had policies to support the principles of equality and diversity and these values were reflected in the care assessment and care planning process. This meant consideration was given to protected characteristics including: race, religion or belief. It was apparent from discussion and records, this information continued to be gathered over a period of time, in consultation with people and their relatives.

We looked at how consent to care and treatment was sought in line with legislation and guidance. Most of the people we spoke with told us staff asked for their consent when providing support with personal care. People's comments included, "The staff always ask for my consent" and "The staff always ask my permission before providing any care." We observed examples where staff consulted with people on their individual needs and preferences and involved them in routine decisions. Staff spoken with described how they involved people in making decisions and asked for their consent before delivering care. The care records we reviewed included agreements on consent to care.

We checked whether the service was working within the principles of the MCA and whether any conditions or authorisations to deprive a person of their liberty were being met. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found that decision specific capacity assessments had been completed and where appropriate relatives

had been involved in best interests decisions relating to their family members' care and support. Care records clearly indicated when people had capacity to make decision and any support to be provided. There was information to show appropriate action had been taken to apply for DoLS authorisations by local authorities in accordance with the MCA code of practice. There were applications which had been assessed and authorised by the relevant local authority. Policies and procedures were available to provide guidance and direction on meeting the requirements of the MCA. Staff spoken with said they had received training on the MCA, they indicated an awareness of DoLS and the legal status of the interventions and agreements in place.

We looked at how people were supported to live healthier lives, had access to healthcare services and received ongoing healthcare support. People were offered the opportunity for some physical exercise. A staff member told us, "Morning exercises are done on a one to one, usually in the rooms when residents are getting up." There were records showing people had been offered, or had completed gentle exercises.

People's overall health, medical conditions and support with healthcare, was included in the care planning process. Their wellbeing was monitored daily and considered as part of ongoing reviews. One person told us, "The staff keep a close watch on my health," another said, "They will call the GP if any of us are unwell and they seem to monitor our health effectively." Visitors spoken with, considered healthcare needs were met and said they were kept informed on any changes relating to their relative's health. One commented, "They have been very good with healthcare, they insisted a GP came out." A visiting healthcare professional told us, "No concerns whatsoever. They all know how to monitor [Healthcare needs] and they are on top of things straight away." Processes were in place to share information when people accessed other healthcare services and arrangements could be made for support with appointments. One person commented, "They take me to the hospital for treatment."

We checked how the service used technology to respond to people's needs and choices. The service had internet access to support good communication and access to information. This included remote clinical consultations; which meant staff could seek professional healthcare advice at any time. We observed this system in practice during the inspection.

We checked how people were supported to eat and drink enough to maintain a balanced diet. Most people spoken with made positive comments about the food and catering arrangements. Their comments included, "We get enough to eat and drink. There are pieces of fruit from time to time as well," "The food is okay, at least we are fed!," "If I ask them for any drinks they'll always bring them to me" and "There's plenty to eat and drink here." A visitor told us, "They are good with the food and drinks. I know that they use fresh fruit and vegetables and they cook from scratch using fresh chicken, beef and so on." There was a four week menu, offering various options and alternatives. People's likes and dislikes were known and they were asked about their choices daily.

We reviewed the processes in place to respond to individual dietary needs, including any cultural, religious needs and people living with a dementia. We noted examples where people's specific person-centred needs and preferences had been included in the care plan process. Records and discussion showed, agreements were in place for people and their families to be consulted and involved with the provision of meals as appropriate. We talked with the cook and registered manager, who explained the arrangements in place to offer and provide for specific dietary needs and preferences. One relative described how the service had sensitively supported their family member to eat a more balanced diet.

People's dietary intake was monitored and their weight was checked. This helped staff to screen risks of malnutrition and support people with their diet and food choices. Health care professionals, including GP's,

speech and language therapists and dieticians were liaised with as necessary.

We observed the meals service at lunch time. We saw examples of people being sensitively supported and encouraged by staff with their meals. The meals served looked plentiful, well presented and smelled appetising. During our observations, we also noted some aspects of the mealtime service which raised questions around the provision of effective support. We fed-back our findings to the registered manager, who gave us assurances and explanations on our observations and agreed to continue monitoring the catering arrangements to further enhance people's mealtime experience. We offered advice on researching and introducing a more structured approach to this process.

We looked at how the service made sure that staff had the skills, knowledge and experience to deliver effective care and support. Visitors comments included, "Care staff are generally good and have the necessary skills" and "The staff all seem to know how to support people effectively." A visiting healthcare professional told us, "All the carers are very good."

Records and discussion showed arrangements were in place for staff learning and development. Processes were in place to support an induction training programme for new staff, this included the completion of the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life.

There was a programme of mandatory refresher training. One member of staff said, "We are kept up to date with training, I have enjoyed it." We saw records confirming that learning and development needs had been identified, planned for and achieved. Any gaps in training were monitored and managed. Staff at the service had either attained an National Vocational Qualification in care or equivalent, or were due to complete a Quality and Credit Framework diploma in health and social care.

Staff spoken said they received one to one supervisions. We saw records of the supervisions and noted plans were in place to schedule further meetings. Staff also received an annual appraisal of their work performance; this included a review of their performance and development needs.

We reviewed how are people's individual needs were met by the adaptation, design and decoration of premises. People told us, "I think my room is fine," "I like my bedroom a lot. I have pictures of my grandchildren, my two sons and daughter in my room" and "I didn't have any say in choosing the colour scheme in my room, but it's all right." Visitors commented, "We knew it wasn't posh but safe, people are well cared for and looked after" and "The grounds seem to need tidying up, but the internal décor is very pleasant." Some people told us of specific furnishings they needed, to enhance their comfort and wellbeing. We found the registered manager was already in the process of dealing with these matters. People's individual environmental needs and choices, were reflected in the care plan process. Some consideration had been given to providing a suitable living environment for people living with a dementia, including signage and colour schemes to help with orientation. There were plans in place to monitor and support a programme of ongoing refurbishment and adjustments to facilities.

Good

Our findings

We reviewed how the service ensured that people were treated with kindness, respect and compassion and that they were given emotional support when needed. All the people we spoke with spoke positively about their experiences of the staff team. Their comments included, "The staff are all caring. They respect my views and listen to me," "They look after me and we love each other," "They are good at their job and seem to always have time for me" and "The staff are all kind." Visitors spoken with said, "The staff are kind and caring and they do seem to listen," "Staff are really nice, so patient and kind" and "I would recommend this home to others, because they are so caring. It's not just a job to them, they care about what they're doing." We observed positive and friendly interactions between people using the service and staff. Staff showed kindness and sensitivity when responding to people's needs.

At our last inspection, we made a recommendation on person centred care planning. At this inspection we found improvements had been made. We checked how the service supported people to express their views and be actively involved in making decisions about their care and support as far as possible. Everyone had a care plan which described their needs and how they wished to be supported. People spoken with indicated they were not aware of their care plans. One person commented, "I haven't seen a care plan, but staff seem to do the right thing." We received some comments from people, which implied their preferences around daily routines were influenced by staffing arrangements. We discussed these matters with the registered manager, who assured us each person's needs and choices had been considered and responded to. The care records we reviewed, showed people had been consulted on their care needs and choices. There were examples of people and/or their representative signing care plan agreements.

We checked how people's dignity and individuality was upheld. Care records included 'all about me profiles,' providing details on people's background histories, cultural and religious needs, lifestyles, interests and relationships. People had either been encouraged to provide this information themselves or with the support of families. Staff spoken with knew people well, they were able to describe their individual needs, preferences and personalities. A visitor told us, "They understand [My relative] very well, they are really good with [Them].The staff are always consistent. I know all of their names."

We reviewed how the service empowered and enabled people to be independent. Most people we spoke with indicated that they were supported to be as independent as possible. We observed people doing things independently and making their own decisions, some with staff support. Promoting choices and encouraging independence was reflected in the care plan process. Staff spoken with explained how they encouraged independence, in response to people's individual abilities, needs and choices.

We looked at how people's privacy was respected and promoted. Everyone we talked with said their privacy was maintained. They told us, "They knock on my door even though it is always open and respect my privacy," "The staff that come in here treat us with respect. They always knock at the door. We wouldn't let them in otherwise" and "They respect my privacy, for example, they always close the door if I am in the bath or shower." Some people preferred to spend most of their time in the privacy of their rooms. One person said, "I like the peace in my bedroom." We saw staff on most occasions, respecting people's private space by knocking on doors. Staff described how they upheld people's privacy within their work, by supporting people sensitively with their personal care needs and maintaining confidentiality of information. Since our last inspection, each bedroom had been provided with lockable storage facilities.

Positive relationships were encouraged and visiting times were flexible. People told us of the contact they had with families and friends. People said, "My family come to see me and it's always good to see them" and "It's great that friends and family can visit at any time." One visitor commented, "It's good that there is an open-door policy here, so that friends and family can visit," another said, "I am always made welcome. The staff are so friendly." The service had a 'keyworker system.' This linked people using the service to a named staff member who worked more closely with them. People spoken with indicated they were not aware of any 'keyworkers.' However, one person said, "The staff do try to spend time with us."

There were notice boards at the service which provided information for people and their relatives. Included were forthcoming events, records of meetings and advisory information, such as local advocacy services. Advocates are independent from the service and can provide people with support to enable them to make informed decisions. There was a guide to the service, providing details of the services and facilities available at Marsden Heights Care Home. Included was information about the accommodation, the admissions process, philosophy of care, resident's rights, visiting arrangements and the complaints procedures.

Good

Our findings

We looked at how people received personalised care that was responsive to their needs. One person told us, "They react quickly to anything that I may need or ask for." Visitors said, "The manager has been very helpful, really good at sorting out appointments," "[My relative] seems to be getting used to the routines here and is settling quite well" and "They understand [My relative] and her moods. They are very quick to react." We noted there were numerous cards of appreciation and thanks, for the care and support people had experienced at Marsden Heights Care Home.

At our last inspection we made a recommendation on person centred care planning, at this inspection we found progress had been made. Each person had a care plan which was designed to meet their individual needs. The care plans and other related records we reviewed, included people's needs and choices, underpinned by risk screening assessments. There were person centred details on how people's care and support was to be provided. The care plans were well organised and covered subjects such as, personal care, continence, bathing/washing, oral care, mobility, psychological wellbeing, religious needs and activities of daily living. The care plans we looked at had been regularly reviewed and updated where necessary, to respond to people's needs. Since our last inspection, care plans had been developed to more effectively provide guidance on responding to behavioural needs, social needs and interests, emotional well-being and religious needs.

Staff spoken with knew people and understood their role in providing people with person centred care and support. They had access to the care plans and were aware of people's individual needs, preferences, backgrounds and behaviours. Staff had received equality and diversity training. Equality is about championing human rights and diversity relates to accepting and valuing people's individual differences.

Records were kept of people's daily progress, their general well-being and the care and support provided to them. There were also additional monitoring records as appropriate, for example relating to, safety checks, specific health care needs and behaviours. Staff 'hand over' discussion meetings were held to communicate and share relevant information.

We reviewed how people's concerns and complaints were listened and responded to and used to improve the quality of care. People we spoke with indicated they would feel confident if they had concerns or wished to make a complaint. They told us, "I would speak to the manager if I had a complaint" and "I would feel comfortable talking to staff about any issues." A visitor told us, "I haven't needed to complain, but I made a suggestion; they took it on board. They are on the ball."

The complaints procedure was on display in the service and provided directions on making a complaint and how it would be managed, including timescales for responses. There were processes in place to record, investigate and respond to complaints and concerns. Complaints forms were available. There had been one complaint in the last 12 months. Records showed action had been taken to investigate and resolve the matters raised.

Although the people we talked with indicated they were not aware of resident's meetings, records showed resident's/relatives meetings were held most months. Three or four people had usually attended. Various topics had been raised and discussed, including safeguarding, complaints, activities, menus and other matters. We discussed with the registered manager ways of encouraging people to join in discussions, be consulted and make shared decisions.

People spoken expressed mixed views about the frequency and variety of activities at provided the service. They told us, "On occasions they play skittles here, which I enjoy," "I will walk into the garden on fine days," "I used to play dominoes and draughts with one of the carers, who has now left" and "I like to go outside and feed the birds." A visitor commented, "I would prefer if there could be more activities here, even if it was just two or three times per week." There was a weekly programme of suggested activities on display and staff spoken with said activities were offered each afternoon. One staff member told us, "I like to take people to the end of the road or a walk" and "Some days we do some spontaneous singing and dancing." We found records had been kept of people's participation and engagement in activities.

An activity audit had recently been carried out; this was to identify and plan for future opportunities to stimulate people's individual and group interests. The registered manager described the actions taken in response to the audit. A resource file of various ideas for activities was available. This included suggested activities for people living with a dementia. Games and crafts, such as adult colouring books, jigsaws and musical instruments had been obtained. There were 'twiddle muffs' and sensory bean bags for people to engage with. Arrangements were being made to access requested TV channels via the internet. There had been visiting entertainers and an afternoon tea party had been arranged. One member of staff told us, "Things are a lot better. A member if staff is allocated for activities after lunch. It happens."

There were visits from representatives of various religious denominations. In addition, the registered manager and staff were able to show us how they met individual needs of people with a range of religious beliefs, for example relating to individual spiritual support, dietary requirements and personal care.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. People's individual communication and sensory needs were assessed, responded to and reviewed in the care planning process. We noted some of the service's written material was available in 'user friendly formats,' such as in large print and with pictures and symbols. We discussed with the registered manager ways of producing information, for example, meal choices with photographs, to help with meeting the expectations of the Accessible Information Standard.

End of life care was provided when necessary, in response to people's preferences and changing needs. The service worked with other agencies as appropriate, when responding to people's specific needs. The registered manager explained that any advanced decisions were agreed and recorded, to ensure care was delivered in line with the person's wishes.

Good

Our findings

We reviewed how the service's management and leadership processes achieved good outcomes for people. People spoken with indicated the service was well run, they told us, "The home seems to be well managed, the staff talk to me and it's generally good," "It's all right here generally. They are reasonably flexible and it's a good thing that they don't bother you" and "I think it is a good place to live and they are good with us as well." Visitors commented, "I think the management of the service is good" and "It seems to be managed well the manager and deputies are wonderful." A visiting healthcare professional told us, "Massive improvements from three years ago."

The management team in place included the registered manager, two deputy managers and senior carers. One deputy manager had attained a QCF level 5 diploma in leadership and management, another had commenced this course of learning. The staff rota was arranged to ensure there was always a senior member of staff on duty to provide leadership and direction. Staff were assigned designated responsibilities on each shift. Some staff also had been given 'lead roles' on specific work themes, such as safeguarding, dignity and activities.

The registered manager was qualified and experienced to manage the service and had updated their skills and knowledge, by completing the provider's mandatory training programme and accessing additional learning. The registered manager confirmed there was continued support, advice and guidance from the provider. The registered manager was proactive in her response to the inspection process and we found there were good, well organised administrative processes in place. People spoken with said, "The manager listens and is easy to talk to," "The manager is very good at her job. She has a pleasant and approachable manner" and "I think the owners and manager are very nice. They all come and say hello." One staff member commented, "[Name of manager] is really helpful and understanding. She is really good with the residents and works well with us."

People spoken with indicated staff understood their role and responsibilities. There were clear lines of accountability. Staff had been provided with job descriptions and contracts of employment which outlined their roles, responsibilities and duty of care. They had access to the service's policies, procedures and any updates were brought to their attention. Staff spoken with were enthusiastic and knowledgeable about their working roles. They indicated teamwork and communication at the service was good. Staff meetings were held, we looked at the minutes of the last meeting and noted various work practice topics had been raised and discussed. The service's vision and philosophy of care was reflected within the services written material including, the guide to the service, statement of purpose and policies and procedures. The service's vision

and care philosophy statement was displayed in the entrance hallway.

There were systems in place to monitor the quality of the service. This included a system of daily, weekly and monthly audits and checks. Audits were in place to monitor areas such as, medicine management, accidents, falls, risk assessments, care plans, staff training, health and safety, activities, nutrition and the control and prevention of infection. We noted examples where shortfalls had been identified, addressed and kept under review as part of an action plan.

The providers carried out regular audit visits to the service. Their findings were shared with the registered manager, the visits resulted in action plans to steer improvements. One member of staff explained, "The owners visit they ask if things are okay and if there are any problems."

The service carried out consultation surveys with people, their relatives, staff and other stakeholders. The results of the last survey carried out in May 2018 were on display at the service. The results had been collated and the key outcomes were summarized. The responses indicated a high level of satisfaction with the service. Any comments or suggestions for improvement were highlighted. The results also showed ongoing progress, for example, there had been an increased awareness of the service's complaints procedures. There was a business plan, which included an evaluation of the service and provided direction for future developments.

The service worked in partnership with other agencies. Arrangements were in place to liaise with others including, local authorities, the health services and commissioners of service. There were procedures in place for reporting any adverse events to the CQC and other organisations, such as the local authority safeguarding, public health and deprivation of liberty teams. Our records showed that notifications had been appropriately submitted to the CQC. The service's CQC rating and the previous inspection report were also on display at the service, this was to inform people of the outcome of the last inspection.