Mrs Maria Mapletoft

Marshview

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Marshview is a residential care home providing personal care to 13 older people in one adapted building. The service can support up to 23 people who were living with a range of needs associated with the frailties of old age.

People's experience of using this service and what we found
We found improvements were needed to people's care plans and the providers quality assurance system. The audit system had not identified the shortfalls we found in relation to people's records. We made a recommendation about this.

People received care and support that was person-centred and met their individual needs. This was because staff knew them well. People were supported to engage in a range of activities that they enjoyed and were meaningful to them.

People were supported to receive safe care. Staff understood the risks associated with the people they supported, and they did this safely. People were supported to receive their medicines when they needed them.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions they should take if they identified concerns. There were enough staff working to provide the support people needed, at times of their choice.

People were 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.

Staff received training and supervision to help them meet the needs of people living at the home. Staff told us they felt supported by the registered manager and their colleagues.

People were supported to receive healthcare services when they needed them. People were provided with a wide choice of healthy, freshly cooked meals, drinks and snacks each day.

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

Rating at last inspection
The last rating for this service was good (published 21 February 2017).

Why we inspected
This was a planned inspection based on the previous rating.

We have identified improvements were needed in relation to record keeping and the quality assurance system at this inspection.

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? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Good**
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**

Marshview

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.

Inspection team
The inspection was carried out by two inspectors.

Service and service type
Marshview 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.

Notice of inspection
The first day of the inspection was unannounced.

What we did before 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. 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. We used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service and one visitor about their experience of the care provided. We spoke with eight members of staff including the provider and registered manager. 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.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service. We spent time observing people in areas throughout the home and could see the interaction between people and staff. We watched how people were being cared for by staff in communal areas. This included the lunchtime meals.

After the inspection
The provider contacted us after the inspection and told us they recognised improvements were needed in some areas. They told us work had already started to address this.

Good

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 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 told us they felt safe living at the home. A comment from a person in a recent feedback survey said, "I feel happy and safe here." We saw people were comfortable in the presence of staff and approached them freely. Safeguarding concerns were reported appropriately to the local authority and CQC.

● Staff had received safeguarding training and regular updates. They told us what they would do to protect people if they believed they were at risk of abuse, harm or discrimination. This included informing the registered manager.

● Staff were aware of their individual responsibilities to keep people safe. They told us they would always ensure external authorities such as CQC or the local authority were informed of any concerns if this was appropriate.

Assessing risk, safety monitoring and management

● Systems were in place to ensure people remained safe. Risks had been identified and staff understood the risks associated with supporting people. They told us how they supported people to minimise risks and help people maintain their independence. Some people were at risk of falls and staff supported and observed them when they mobilised around the home. This included ensuring they were using the appropriate mobility aids and were supported by staff when needed. Other people were at risk of pressure area damage. Staff provided people with pressure relieving air cushions and regularly checked their pressure areas.

● Environmental risks were well managed. There was a fire risk assessment and regular fire checks were completed. Personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services are aware of people's individual needs in the event of any emergency evacuation.

● Servicing contracts were in place and these included gas, electrical appliances and lifting and moving and handling equipment.

Staffing and recruitment

● There were enough staff working each shift to support people safely. People told us staff attended to them when they needed them. Throughout the inspection we saw staff were attentive to people's needs and supported them in a timely manner. Staff told us there was enough of them working and

● There had been a recent extension to the home and an increase in numbers of people who could live there from 17 to 23. The registered manager told us that more staff would be recruited before the number of people increased. This would continue to ensure there were enough staff working to support people safely.

● Staff had been recruited safely. Appropriate checks were in place to ensure staff were suitable to work at the home. This included, references and Disclosure and Barring Service (criminal record) checks.

Using medicines safely

● Systems were in place to ensure medicines were ordered, stored, administered and disposed of safely. Medicine records were well completed and confirmed people received their medicines as prescribed. There were protocols for 'as required' (PRN) medicines such as pain relief medicines. Staff understood why people may need PRN medicines and when to offer them.

●People received their medicines when they needed them, if they were in pain they asked staff if they could have more painkillers. Some people needed their medicines at specific times, for example, if they were living with Parkinson's Disease, and these were given appropriately. This helped to reduce the symptoms people may experience.

● All staff received medicine training. Before they were able to give medicines to people they completed competencies to ensure they had the appropriate knowledge and skills to give medicines safely. The registered manager told us discussions took place with staff before they gave medicines.

● Some people were able to take their own medicines. There were risk assessments in place to ensure they were managed safely. This helped people maintain their independence.

Preventing and controlling infection

● The home was tidy and cleaned to a high standard throughout. The housekeeping staff were external contractors. The registered manager told us this ensured staff were always available, for example, leave and sickness was always covered.

● Staff used Protective Personal Equipment (PPE) such as aprons and gloves when they provided personal care and served meals. They completed infection control and food hygiene training.

● There were suitable hand-washing facilities available and staff were seen using these throughout the inspection. Appropriate laundry systems and equipment were in place to wash soiled linen and clothing.

● A legionella risk assessment had been completed. Regular checks such as water temperatures took place to help ensure people remained protected from the risk of burns.

Learning lessons when things go wrong

● Accidents and incidents were documented and responded to appropriately to ensure people's safety and well-being were maintained. Where people had fallen these were analysed and monitored to identify any trends or patterns which may show further actions were needed to prevent any reoccurrences.

● As there was a small staff team they were updated verbally about any changes throughout the day and at handover.

Good

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 the last inspection this key question was rated as good. At this inspection this key question remains the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were supported to maintain and improve their health. Records showed, and staff told us that people received regular healthcare support from GP's, district nurses, chiropodists and opticians.
- Where people had specific health needs they received support from appropriate healthcare professionals and were supported to attend appointments. For example, the diabetic clinic.
- People were able to maintain good oral health care and were supported to attend dental appointments as needed. The registered manager had recently introduced oral healthcare assessments, and these were currently being completed by staff. These identified where people may need further support, for example, to attend a dental check-up if they had not been for some time.
- A visiting healthcare professional told us staff worked with them to help maintain people's good health. During the inspection staff contacted a person's GP because they were concerned about the person's health.

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

- Before they moved into the home people's needs were assessed by the registered manager. This was to make sure staff had the appropriate knowledge and skills to look after them and there were enough staff working to meet people's needs.
- Information from the pre-assessment was used to develop the person's care plan, risk assessments and these were reviewed at least monthly.
- Care and support was delivered in line with current legislation and evidence-based guidance. For example, people's nutritional risks had been assessed using the Malnutrition Universal Screening Tool (MUST). This helped to identify if people were at risk of malnutrition or dehydration. Where indicated appropriate actions were taken. This included a referral to appropriate healthcare professionals, regular weight records and increased support with eating and drinking.

Staff support: induction, training, skills and experience

- People told us staff knew how to look after them. When staff started work at the service they completed an induction. This included an introduction to people and their support needs, the day to day running of the home and safety matters. For example, fire evacuation procedures.
- The registered manager told us staff who were new to care, completed the care certificate. The Care Certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours

expected of specific job roles in the health and social care sectors.
● Staff completed training and had regular updates. This included moving and handling, infection control, safeguarding and mental capacity. There was a training plan and the registered manager had good oversight of what training staff had received and what they needed in the future.
● Competency assessments were completed for staff who gave medicines. Most of the training was provided face to face. Staff then completed a questionnaire, which was assessed by the trainer. This helped to demonstrate staff had the appropriate knowledge and skills to support people.
● Staff also received training that was specific to the needs of people they supported. For example, diabetes awareness and catheter care. Where staff had not received formal training they were supported by colleagues with the appropriate knowledge and skills. This meant staff shared their knowledge for the benefit of people at Marshview to help ensure they received effective care and support.
● Staff were supported to complete further training. This included health and social care diplomas and online training to further enhance their knowledge and skills.
● Staff were received regular supervision. This provided staff with an opportunity to discuss any concerns and included both discussion and observations of their practice. Staff told us they felt supported by the registered manager and their colleagues.

Supporting people to eat and drink enough to maintain a balanced diet
● People told us they enjoyed the food and had enough to eat and drink each day. One person said, "The food is alright, it's pretty good." People were supported to eat a wide range of healthy, freshly cooked meals, drinks and snacks each day. These met people's individual nutritional needs and reflected their choices and preferences. One person told us they had cake each day and this was something they really enjoyed.
● The menu was displayed on a blackboard in the dining room. Therefore, people knew what was available each day. Staff discussed meal choices with people and helped them decide what they would like to eat. If people did not like what was on offer alternatives were provided.
● People were able to eat their meals where they chose. During the inspection most people ate their meals in the dining room. If people chose to stay in their rooms then their meals were taken to them. Mealtimes were sociable occasions. People sat within their friendship groups and enjoyed each other's company and conversation. Staff ate their meals with people, they chatted together and encouraged people to eat their meals.
● Staff were observant to what people were eating and drinking. People's weights were monitored, and a nutritional risk assessment was completed. If concerns were identified staff took action to help improve people's nutritional status. For example, people were weighed weekly and fortified food (food with extra added calories) was provided. Where people required a specialist diet, these were provided appropriately.
● If anyone was at risk of malnutrition, dehydration, required a specialised diet or when nutritional concerns were identified specialist advise was sought through the GP. Staff were vigilant in following up nutritional concerns to ensure people received appropriate treatment and support.

Adapting service, design, decoration to meet people's needs
● The service had been adapted to meet the needs of people. There had been recent building work and the home had been extended to accommodate more people. This included more bedrooms and an enlarged lounge. The lounge area was large with plenty of seating areas for people to sit and enjoy each other's company or watch television. There was ongoing work to complete the redecoration of the home.
● People's bedrooms were well decorated and had been personalised to reflect their own choices and personalities. When people had been assessed at risk of falls, alert mats were put in place to help keep the person safe. Bathrooms and toilets had been adapted with rails and raised seats to help people retain their independence.
● There was a recently installed passenger lift which provided level access throughout the home. The

provider told us how people had embraced using the lift and it had increased people's independence.
● There was level access throughout the home and to the outside. Following the extension to the home there was a ramp from the lounge to the garden. The provider told us that work to the garden would take place in the new year. This would include raised beds and seating areas.

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

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People living at the home had capacity to make their own everyday decisions and choices about what they did each day. Throughout the inspection people made their own choices and staff supported them. Before offering any care or support staff asked people for their consent.
● Staff had received MCA and DoLS training and understood how to support people. For example, if they needed extra support to make a decision they made sure people had time to respond and make choices.
● At the time of the inspection no-one had a DoLS in place. Applications for DoLS had been made to the local authority when appropriate.

Good

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were very kind and compassionate towards the people they supported. People had built caring and trusting relationships with staff. We witnessed a member of staff giving medicines to a person. The person said to the staff member, "Thank you so much for always helping me, you're always so kind."
- People had positive views about the care they received. One person told us "I am very happy here, they do everything for me, washing my clothes and ironing." Another person said, "It's a good place here, they're a good bunch."
- We spoke with a visiting healthcare professional. They told us "I haven't got any problems with the care here at all, they are quick at responding to things. There's good relationships between the residents and staff."

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

- People were involved in decisions about the support they received. Throughout the day staff offered people choices and helped them make decisions. Staff spoke to each person to gain their views. We observed a staff member enter the lounge. They said a collective 'hello' to everybody and then went to each person and asked them if they were ok, or if they needed anything. They had time to listen to each person and supported them with the decisions they made.
- People were able to express their own choices and preferences and were able to change their minds throughout the day. People came down to breakfast when they wished to, some people stayed in the lounge and others chose to return to their rooms.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain and improve their independence. Staff prompted and encouraged people to eat their meals independently, for example, with crockery. People were encouraged to maintain their mobility independently. Staff ensured they had appropriate mobility aids and support when they moved around the home. Staff told us the recently installed passenger lift had improved people's independence as those with bedrooms upstairs were able to get to them without staff support.
- People's privacy and dignity was promoted. Staff understood the importance of people having their own personal space and supported them to spend time in their rooms as they chose. Staff knocked on doors before entering bedrooms and people's rooms were personalised with important possessions, such as photographs.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- People received care and support that was person centred met their individual needs and reflected their choices. One person said, "I'm quite independent but if I get stuck I will ask for help and get it.
- Staff knew people well and were able to tell us about each person, their care and support needs, choices and interests. Staff responded to these needs, for example, staff supported people to mobilise safely around the home and ensured their continence needs were met.
- People's care plans included information about personal care, mobility, nutrition and continence needs. These were not always person centred. However, this did not impact on people because staff knew them well and people were able to discuss their care and support needs when needed. Information about care plans is addressed in the well led section of the report

Meeting people's communication needs

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

- People's communication needs were assessed and identified within the care plans. They included information about whether, for example, people needed to wear glasses or hearing aids.
- Staff were aware of people's communication needs and how to ensure people had all the information they needed. This included speaking slowly and giving people time to answer. The registered manager told us, if needed information could be provided in different formats, for example large print or pictorial format. This had been provided previously but was not required at this time.

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

- People were supported to take part in activities that they enjoyed. People told us they enjoyed the activities and were able to take part in what they wanted to. One person told us, "I join in with what's happening in the restaurant (dining area) otherwise it's just an ordinary day." The person explained that if they didn't join in with the activities they spent time in their room watching television.
- There was an activity program and throughout the inspection we saw people engaging in a variety of activities. This included Christmas themed activities and people spent one morning making Christmas puddings. This stimulated people's memories and they reminisced about Christmases past.

● People were supported to take part in individual or small group activities. Staff told us, and records confirmed that two people enjoyed playing dominoes and this happened regularly. In addition to specific activities people were involved in deciding what happened each day. For example, what television program or radio station. Staff told us this was shared between people to ensure everyone was given an opportunity to choose.
● People were supported to maintain contact with their friends and family who were welcome to visit the home any time.

Improving care quality in response to complaints or concerns
● There was a complaints policy and the records reflected that complaints received were recorded, investigated and responded to. These were detailed and showed what actions were taken to prevent a reoccurrence.
● People were reminded about the complaint procedure at each residents meeting. They were supported to raise any concerns with staff, to help prevent them becoming formal complaints.

End of life care and support
● As far as possible people were supported to remain at the home until the end of their lives. End of life information was available in people's care plans. This was not detailed but reflected the wishes of people. The registered manager told us these would be developed as people wished or their needs changed. Where people had identified health needs or were becoming increasingly frail staff had worked with the person's GP practice to develop a detailed end of life plan.
● Staff told us how they worked with district nurses and hospice staff to support people at the end of their lives. This included, where appropriate, ensuring additional medicines that may be required to ease people's symptoms at the end of their life had been prescribed and were available. These are known as 'just in case medicines' (JIC).
● We saw feedback from people's relatives thanking and complimenting staff on the end of life care provided for their loved ones.

Requires Improvement

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 now deteriorated to 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

- We found aspects of record keeping and the audit system needed to be improved. Care plans did not include all the necessary information. One person's risk assessment showed they were at risk of developing pressure damage. There was limited information in the care plan about how to prevent this. However, we saw the person was using pressure relieving equipment, staff told us they checked people's pressure areas when they supported them with personal care. Staff also completed a monthly body map for each person to show they did not have any pressure damage or other skin injuries such as bruises. This meant people were receiving appropriate care, but this had not been recorded.
- Care plans for people living with diabetes did not include always include the information staff may need. For one person there was no information about what the blood sugar ranges should be and what steps should be taken if the levels were outside these ranges. Or how a person may present if their blood sugar was too high or too low. For the second person this information was in place. Although this did not impact on people at this time because staff were able to tell us how they supported people, we identified this as an area that needed to be improved.
- Some people had DoLS applications in place but there was limited information about people's mental capacity and how they could make decisions and choices on a day to day basis. One person was receiving specific support with eating, this had not been documented. There were no specific care plans about how people were supported to maintain their own interests and hobbies. Information about what activities people had engaged in had been recorded as a group and not individually.
- The registered manager completed regular care plan audits. These showed that regular reviews had taken place but did not check that the care plan contents reflected each person's needs.
- Other records had not been fully completed. For example, there were gaps on one person's recruitment records. The registered manager was able to tell us about these, but it had not been recorded. This had not been identified through the audit system.

We recommend the provider seek advice about best practice in record keeping.

- Despite these concerns we found other aspects of the service were well led. The registered manager had started to address these issues during the inspection.
- There was a clear management structure within the service. The registered manager was supported by the

provider and senior care staff. They were clear about their roles and responsibilities. There was an on-call system for staff support when the registered manager was not at work.

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

● There was a positive open culture at Marshview. People told us they were happy living there. One person said, "I've been around a few homes and it's a good place here." The registered manager knew people really well. There was evidence of a friendly and open relationship between people and the registered manager and staff. We observed people were comfortable in the registered managers presence and spent time talking with her.

● Staff told us they were well supported by the registered manager. One staff member said, "It's a good place to work, we're very well supported."

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 registered manager was aware of their responsibilities. This included those under duty of candour. Relevant statutory notifications were sent to the CQC when required.

●The registered manager acted openly and honestly when dealing with safeguarding, incidents, accidents and complaints within the service.

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

● People were given opportunities to provide feedback and be involved in developing the service. They completed feedback surveys twice a year and attended regular residents' meetings. People's relatives were also asked to complete regular surveys. Feedback from the surveys was positive and action was taken based on feedback given. One person said they did not know what activities were happening each day. This was now displayed on the noticeboard and staff told people each day.

● People were updated at regular resident meetings about changes at the home, for example, new staff and the refurbishment that was taking place. They were reminded about the complaints and fire procedures at each meeting.

● Staff attended regular meetings, they were updated about changes at the home, introduced to new staff members and reminded of their roles and responsibilities. They were given an opportunity to feedback any information or concerns.

Continuous learning and improving care; Working in partnership with others

● Both the provider and registered manager were committed to improving and developing the service. The registered manager continually updated her knowledge through training courses and online learning. However, she did not attend any local meetings or registered manager forums.

We recommend the register manager engages with other registered managers to share ideas and discuss concerns to continue to improve and develop the service.

● The registered manager and staff worked in partnership with other services, for example GP's, district nurses and other specialist practitioners. This helped to ensure people's needs were met and best practice was followed.