

DHCH14

Marsh House

Inspection report

Marsh House
Ulnes Walton Lane
Leyland
PR26 8LT

Tel: 01772600991

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09 January 2023

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03 March 2023

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

Marsh House is a residential care home providing personal and nursing care to 28 people aged 65 and over at the time of the inspection. The service can support up to 33 people. The home is situated in a rural area close to the towns of Chorley and Leyland. There is a large dining room, communal areas and a conservatory area. A well maintained garden is available at the rear of the home for people's leisure.

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

The provider had various methods to assess, monitor and improve the quality of the service, however, these had not identified and addressed the issues we found. We have made a recommendation about this. We have also made a recommendation about the management of some medicines. The home was clean and hygienic, and staff were seen to wear appropriate personal protective equipment. Staff were employed following a safe and robust recruitment process. Safeguarding training was mandatory, and staff were aware of the processes to follow to ensure they could keep people safe.

Staff felt supported by the management team through the induction and ongoing training they received. 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. Mealtimes were relaxed and organised around people's individual daily routines. People were supported to have access to healthcare professionals and their healthcare needs had been met. The service worked in partnership with other organisations to ensure they followed good practice and people in their care were safe.

People and staff told us there was a very positive culture at Marsh House. One staff member explained, "[Registered manager] likes positivity, she wants a happy place for staff and residents." The management team positively engaged in the inspection process and the registered manager clearly understood their regulatory responsibilities. The registered and deputy manager had been responsive in implementing positive change and working with health and social care professionals to improve people's quality of life.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 11 February 2022).

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

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12 (Safe care and treatment) and regulation 17 (Good governance).

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 09 November 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and staffing.

We undertook this inspection to check they had followed their action plan and to confirm they now met legal requirements. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Marsh House on our website at www.cqc.org.uk.

Recommendations

We have made recommendations related to the safe storage of controlled drugs and good governance.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was 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 ●

Marsh House

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 Health and Social Care Act 2008.

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

Inspection team

Two inspectors carried out the inspection.

Service and service type

Marsh House is a 'care home' without nursing care. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 3 relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, deputy manager, senior carers, carers, housekeeping and maintenance staff. We also spoke with the head of compliance and the quality support manager. We had a walk around the home to make sure it was homely, suitable and safe. We observed the care and support people received. This helped us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We reviewed a variety of records related to the management of the service, including policies and procedures.



Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely.

At our last inspection medicines were not managed or stored safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Some medicines were not managed and stored safely. One person's controlled drugs were not recorded as being on site. Controlled drugs are drugs that are subject to high levels of regulation as a result of government decisions about those drugs that are especially addictive and harmful. The same drugs were no longer required and should have been disposed of, in line with company policy. The medicines audit had not identified that the controlled drugs had not been managed safely. See the well-led section for action taken.
- Two people's medication stored at the home did not match the amount shown in their records. A member of management investigated this, and it was found to be an administrative error and people had received their medicines as prescribed.

We recommend the provider considers current guidance on the safe management of controlled drugs and take action to update their practice accordingly.

- People told us staff were well trained in the administration of medicines. One person told us, "They're [staff] well trained, I have medication at 8am and 8pm, always bang on time."
- Staff administered medicines in a person-centred manner. Staff administered medicines where possible at times that suited the person. They took a flexible approach if people wanted to remain in bed and have their medicines a little later.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had systems to record, report and analyse any allegations of abuse. Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies.
- People told us they felt safe living at Marsh House. One person told us, "Course I do [feel safe]." One relative commented, "Since the new manager has come through the place has changed dramatically. We do feel [relative's] safe now."

Assessing risk, safety monitoring and management

- The registered manager had assessed and recorded risk to keep people safe. They had reviewed care plans to ensure assessments were visible and clearly linked to assessed risk which included mental health, mobility and any health conditions.
- Each person had a personal emergency evacuation plan (PEEP). A PEEP is a plan for a person who may need assistance, for instance, to evacuate a building or reach a place of safety in the event of an emergency. Not all the PEEPs had all the relevant information required. These were reviewed and updated during the inspection.

Staffing and recruitment

- Systems were in place to ensure staff were recruited safely and records confirmed a range of checks including references, disclosure and barring service checks (DBS) had been requested and obtained prior to new staff commencing work in the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager ensured appropriate staffing arrangements were in place and staff were deployed effectively to meet the assessed needs of people in a person-centred and timely way. One person told us, "[Staff] Come quickly when ringing call bell, came straight away last night."

Preventing and controlling infection

- We were mostly assured that the provider was supporting people living at the service to minimise the spread of infection. There were some areas in the home that had been identified as requiring refurbishment.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider was preventing visitors from catching and spreading infections.

The registered manager supported visits for people in accordance with government guidance. This meant people could have relatives and friends visit at any time. Relatives told us they felt welcomed into the home by staff and management. One relative commented, "Family usually visits most days for a few hours at a time. Always welcome."

Learning lessons when things go wrong

- The registered manager and senior management team reviewed incidents as part of lessons learned, to ensure risks were assessed to prevent reoccurrence where possible. Staff said they were kept updated on any incidents and what changes had been implemented to lessen the risks and keep people safe.

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection some staff had not received appropriate support and training at the start of their employment. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager put arrangements in place to ensure staff delivered a high-quality service.
- All new staff completed an induction process when they started working at Marsh House. This included shadowing experienced colleagues as part of their new role. Staff felt the provider and the registered manager encouraged their personal development. One staff member told us, "[Registered manager] will always offer extra training and will always encourage the team with their training."
- Staff said they were very well supported by the management team. One staff member said, "I can talk to [registered manager] about anything." A second staff member commented, "I can't fault [registered manager] or [deputy manager]. I love it here."

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

- People's care needs were fully assessed before they received support. This information was used to develop their care plan.
- The registered manager sought professional advice to achieve the best possible care people. One person told us, "[Deputy manager] will often ring him [GP] if the medication isn't working. We have a review planned."
- People's care records reflected their current care and support requirements. Care records were regularly reviewed and updated monthly or when people's needs changed.

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

- People were supported to have a balanced diet and had access to snacks and drinks throughout the day to maintain their weight.
- Staff had good oversight of people's food intake. If people wanted more than one breakfast this was supported. If people wanted a small or little breakfast they had the opportunity to have a larger than normal meal later in the day.

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 with their healthcare needs. Staff had worked in partnership with other agencies and professionals to provide a flexible and effective service. Health professionals praised the support they received from staff at Marsh House.

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

- Marsh House was free from obstacles to support people's independence. People's bedrooms had been personalised with their own mementos and possessions.
- The home had been refurbished and new furniture purchased. Bathrooms had been identified as requiring updating but still met the needs of people requiring support.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found, where restrictions had been placed on people's liberty to keep them safe, the registered manager worked with the local authority to seek authorisation to ensure this was lawful and that any conditions of the authorisation were being met.

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Staff demonstrated a good understanding of people's needs and respected their preferences such as how they liked to spend their day and their lifestyle choices. We observed staff being compassionate and patient when people were upset. One person said, "Yes, staff are very very kind."
- People received person centred support. We observed staff engage with people in a manner that promoted their dignity and included them in the daily activities and conversations within the home. We observed staff promoting and valuing people's uniqueness and individuality.
- People's communication needs had been assessed and their preferred communication methods were recorded in care records.
- People told us they had the opportunity to share their views with the management team. One person told us, "I find [registered manager] and [deputy manager], very approachable."

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR). We observed staff knock on bedroom doors and await a response before entering.
- People's independence was respected and promoted. We observed people's decisions being supported by staff. Specialist guidance was sought when appropriate, to maintain people's mobility.

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- The provider placed people at the heart of their own care and support plan. People were consulted to ensure their needs were identified, and their preferences on how their needs were to be met were recorded. Where people's conditions limited their ability to make choices, staff offered support and guidance to people in a way which respected their choices and best interests as far as possible.
- The service ensured people's care and support plans focused on people's goals and abilities and their preferences in managing their support needs.

Meeting people's communication needs

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

- Records detailed where the individual had communication needs and what staff should do to support them.
- Staff understood each person's communication needs, including where people needed extra support with speech, hearing, sight or understanding. Staff were seen to adapt their approach depending on who they were supporting to ensure positive communication was taking place. We observed staff giving people time to respond using their preferred names and crouching down to eye level to promote valued conversations.

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

- Staff encouraged people to maintain relationships and follow their interests. We saw evidence visits by friends or relatives were in accordance with safety guidance. One person told us, "Family usually visits most days for a few hours at a time. Always welcome."
- Family members were welcomed to provide informal support to loved ones within Marsh House. We noted

this enhanced their family members lives, but they also gave their time and built relationships with other people living at the home.

- People told us they had the opportunity to participate in activities or not participate as they saw fit. One person commented, "Definitely gone from not engaging with people at all to engaging with families and residents all the time."

Improving care quality in response to complaints or concerns

- People had access to a complaint's procedure. The procedure was clear in explaining how a complaint could be made and reassured people their concerns would be dealt with.
- People were able to make a complaint in a formal way or an informal if they so preferred. The service adopted a positive and proactive approach to complaints and viewed them as opportunities to help further drive improvements. One family member told us they had worked in partnership with the management team to resolve their concerns and were happy with the outcome.
- People told us the management team were open and accessible and they felt confident that if they did need to complain, it would be treated seriously, and they would be listened to.

End of life care and support

- With the support of community based health professionals, the service was able to provide care to people at the end of their life as needed.



Our findings

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

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

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

- The registered manager and provider did not consistently operate governance systems effectively. They did not identify the concerns we found during our inspection. The management of some medicines was unsafe, due to a lack of oversight and poor record keeping.
- The provider's checks were not consistently operated effectively in identifying and driving improvements. The reviews and quality assurance processes that had taken place did not always indicate improvements were required. When additional information was required in PEEPs, the review process had not recorded any shortfalls.

We recommend the provider review governance systems to ensure all record keeping processes are operated effectively.

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

- People, relatives and staff reported a positive culture that was enabling, supportive and helped to ensure that they felt valued. One person told us, "Brilliant [staff], everything I ask for help with, they do. More permanent staff now which is better. I have memory problems, and this helps." One staff member said about management, "Amazing, so supportive, can go to them for anything, very effective and well led. When something needs to be dealt with, it's sorted there and then." One relative commented, "Since the new manager has come through the place has changed dramatically. Was looking to move [family member] but best thing we've done to keep her here."

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 under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.

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

- The registered manager managed their workload, so they spent time with people and in the communal areas of the home. One staff member told us, "[Registered manager] always helps with lunch and will help support people with their personal care."
- The registered manager had daily handover meetings for staff when shifts changed. This allowed staff to be updated on relevant information related to people's care and support requirements.
- People and relatives told us they had the opportunity to share feedback on the care delivered. One person told us, "I can bring problems up with staff if I need to." A relative commented, "Definitely gone from not engaging with people at all, to engaging with families and residents all the time."

Continuous learning and improving care; Working in partnership with others

- The registered manager and deputy manager had kept up to date on policies, procedures and best practice guidance and had been responsive in implementing changes to drive improvements and keep people and staff safe. The improvements had been acknowledged by people and staff. One person told us, "I'm happy, it's a brilliant home. More homely now, good staff in place, really nice."
- The management team and staff worked effectively with health and social care professionals, spiritual representatives, hairdressers, and entertainers to meet people's physical, emotional and spiritual needs.