

I Care International Limited

# Marple Lodge Care Home

## Inspection report

19 Arkwright Road  
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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

Marple Lodge is a residential care home providing personal and nursing care to 17 people aged 65 and over at the time of the inspection. The service can support up to 19 people.

Accommodation is provided across two floors which can be accessed via a stair-well and passenger lift. There are communal bathrooms, toilets and kitchen facilities as well as social, dining and garden areas that people can access.

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

Staff were aware of their responsibilities in safeguarding people from abuse. Risks were well managed. Care records gave clear guidance to staff on what needed to happen to keep people safe, whilst respecting people's choices. Staff had received training to guide them on managing risks. Health and safety checks in the home had been carried out. There was a programme of regular maintenance to the building and servicing of equipment. Medicines were managed safely. Safe systems for recruitment were in place.

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. People's needs were assessed, and care was delivered in line with their preferences and choices. Staff received support, induction and training to ensure they had the skills to carry out their role.

People told us they were happy living at the home and were treated with respect. Staff knew people well and spoke about people in respectful and caring ways.

People were supported to access activities and people's spiritual wellbeing was promoted. The provider was thoughtful and compassionate about how they supported people receiving end of life care and worked in partnership with other professionals to ensure comfortable and considerate care was provided.

Staff were complimentary about the support they received from the assistant manager and the wider management team. The registered provider and assistant manager were committed to ensure continuous improvements were made at the service. The provider was passionate about further increasing the range of activities available and the home's presence in the local community.

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

### Rating at last inspection

The last rating for this service was good (published 25 July 2018).

### Why we inspected

We undertook this inspection as part of a random selection of services rated good and outstanding to test

the reliability of our new monitoring approach.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### 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 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 well-led.

Details are in our well-Led findings below.

Requires Improvement ●

# Marple Lodge Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

Marple Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal 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.

The service did not have a registered manager. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We asked the local authority for information about the service. We gathered information that the local authority and Healthwatch held about 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 of this information to plan our inspection.

#### During the inspection

We spoke to six people who used the service and received feedback from four relatives. We spoke with eight staff members including the provider, the assistant manager, care staff and the chef. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records including care records. We looked at medicines and records about medicines for nine people. We spoke with a senior carer who was administering medicines on the day of the inspection. We looked at three staff files in relation to recruitment and staff supervisions. A variety of records relating to the management of the service, including health and safety records were also reviewed.

#### After the inspection

We spoke with a health and social care professional for their views of the service.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe, while being supported at the home. One person said, "I do feel safe here. I can talk to the managers if I am worried about anything."
- Family members said they felt happy that their relatives were being cared for in a safe environment. One family member told us, "The staff have communicated with us from day one which assured us [person] is safe and well looked after."
- People were safeguarded from abuse and neglect by staff who had received training and understood what actions to take to protect people.
- Staff were also aware of the provider's whistleblowing policy and how to contact outside agencies if they were concerned.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were supported in ways that promoted their safety, welfare and choice. Assessments were person-centred and updated regularly.
- Staff were provided with clear and detailed information about how to support people safely. In addition to specific risk assessments, such as the risk of falls or risk of pressure related injuries, the identification of risks and the action to mitigate those risks were integral to people's care plans.
- Staff completed fire safety checks appropriately; People had personal evacuation plans in place to guide staff on how to support them if they needed to be evacuated in an emergency.

Staffing and recruitment

- There was an appropriate number of staff on duty on the day of the inspection. People told us that staff provided prompt support when they needed it.
- Staff recruitment was robust. Staff were subject to screening to ensure they were suitable candidates to work in the care sector.

Using medicines safely

- People's medicines were managed safely. Staff who administered medicines were competent for this role and supported people in a caring and patient way. Records showed that people received their medicines as prescribed.
- Medicines that are controlled drugs (subject to stricter control because of the risk of misuse) were stored and handled safely.
- Protocols describing when to administer any medicines prescribed 'when required' were kept with people's medication administration records. Medicines prescribed 'when required' to relieve pain or

agitation were used appropriately. The assistant manager updated protocols during the inspection to make sure they were person-centred.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. One person told us, "The management team have always observed the government guidelines regarding Covid-19 and continue to do so. This reassures us that [person] is very safe and is being very well looked after."

# 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 has remained the same.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to eat and drink enough to maintain a balanced diet;

- People's needs were assessed prior to admission by a member of the management team to ensure that the service could meet their needs. A relative told us, "Prior to admission mum was visited at her home by the assistant manager, who showed [person] the greatest of kindness whilst assessing her care needs, medical history, likes and dislikes amongst many other things. The assistant manager answered all of my many questions without hesitation and put both of us completely at ease."
- People's dietary needs were captured prior to admission and the chef visited them on arrival to discuss diet and menu choices.
- People told us they enjoyed the food. The chef had recently designed a new menu based on people's preferences which enabled them to have more choices.

Staff support: induction, training, skills and experience

- New staff had been checked to ensure they were suitable for the role, this included obtaining police checks and work references. There was then a period of induction, while working alongside an experienced staff member to gain confidence and knowledge of the role.
- The provider had various training programmes for staff to access to develop and support them in their role.

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

- People had support from other professionals, such as doctors and dentists.
- The management team ensured people had access to all health and social support, such as social workers and speech and language therapy.

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

- The home was undergoing redecoration. The gardens were well maintained and had outdoor furniture and plants which created a pleasant environment for people to enjoy. One person told us, "I have my own patch of garden that I look after and I am growing some vegetables. I have always been a keen gardener."
- People had access to a number of indoor communal areas and outdoor spaces. One person had designed and decorated their own bedroom to a high standard and was hoping to consult on the impending decoration of the home's communal lounge.

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.

- The management team had made the appropriate applications to deprive people of their liberty to the relevant supervisory body (local authority). We saw that information was available to guide staff on the MCA and DoLS procedures.
- Assessments had been carried out to determine whether a person lacked capacity. The electronic care planning system pad that staff used clearly identified if a person lacked capacity and if they had a DoLS in place, so they could be appropriately supported.
- The management team signposted people who may lack capacity to the local authority and advocacy services to assist with their decision-making.

# 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 now 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

- People enjoyed spending time with staff, relaxing and chatting together. One person told us, "The staff are wonderful, kind, patient and I love them." Another person said, "I loved my own home, but I love it here too. They are all so kind and thoughtful."
- Staff told us people were treated with kindness and their individual personalities were known and encouraged. One relative told us, "[Person] has been happy and well cared for by staff who are kind, compassionate, friendly, approachable and go the extra mile to ensure that their every need is met. We could ask for nothing more."
- People's care plans detailed their life histories and staff used this information to promote diversity and equality.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People told us staff were pleasant and showed courtesy toward them. Staff were considerate of people when talking with them and the level of support each person required.
- People told us they were involved in their care such as directing care staff during personal care.
- People's decision and views had been recorded in their care plans.
- The management team maintained personal records securely and only shared information as agreed.

# 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 requires improvement. At this inspection this key question has now improved 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; Improving care quality in response to complaints or concerns

- People's care had been assessed with them and their relatives if requested. The plans showed detailed care and needs, which the staff followed to support the person as expected.
- Staff knew how people preferred their care routines completed and their likes and dislikes.
- The management team had reviewed care plans to make sure they were reflective of the person's current needs and choices.
- Where people or their relatives had made complaints these had been recorded and responded to by the management team.

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 were supported to understand information in a number of ways, where necessary with the use of equipment. This included both verbal and non-verbal communication.
- Staff knew the best way to engage people and the support required, such as showing objects of reference to help a person make a choice.

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 retain contact with friends and families. Visitors were welcomed to the home with careful consideration to the latest infection control advice. A relative said, "The assistant manager talked to me about taking [person] out which helped reduce fear and feelings of isolation for me."
- People had things to do which they enjoyed, and the management team encourage people to maintain their interests and hobbies. Staff supported people with a range of activities such as, reminiscence, games and dancing.

End of life care and support

- People's thoughts, feelings and wishes had been gathered and recorded. Information included how they would like care to be provided for example, to include family members and remain in the home if possible.
- Staff knew how to provide end of life care and understood pain management and end of life treatments.

# 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 had changed since the last inspection and we wanted to ensure that planned improvements were implemented and sustained. There was no registered manager in place.

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

- The assistant manager had not yet started the process to register at Marple Lodge which placed a limiter on the rating of the well-led domain. There was a management structure in place that was leading the service effectively.
- The assistant manager and wider management team were passionate, and the whole staff team were fully committed to working towards becoming an outstanding care home.
- Management systems identified and managed risks to the quality of the service. Legal requirements, including about conditions of registration and managers, were understood and met.
- The provider had a range of audits in place to ensure standards were maintained in line with the providers expectations. Actions identified through the audit system were addressed appropriately and in a timely way.

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

- The assistant manager and provider promoted a culture where staff felt valued. They recognised that caring for people in a person-centred way was a highly skilled and responsible role. There was a strong organisational commitment and effective action towards ensuring that there was equality and inclusion across the workforce.
- There were high levels of satisfaction among people living at Marple Lodge and across all levels of staff. Staff told us the management team and provider had been supportive throughout the pandemic. Staff comments included, "This is a lovely place to work. It's my second family." And "The culture of the service is improving all the time. I feel really well supported by the management team."

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; Continuous learning and improving care

- People, relatives and staff were complimentary about the assistant manager and the rest of the management team. The management team consistently modelled a person-centred way of working with people who used the service, and the staff team.
- Concerns were investigated in a sensitive and confidential way, and lessons were shared and acted on.
- The provider was in the process of updating their provider level audit process ensure the service could measure and review the delivery of care against good practice guidance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider and management team valued their residents and staff team and regularly engaged with them in meetings.
- The assistant manager and staff team had effective relationships with external professionals. This meant people received appropriate support when they needed it.
- The service sought to engage people and relatives in various ways. For example, Relatives said the management team had kept them informed during the pandemic. One relative said, "I have been kept informed throughout the pandemic by email and over the telephone."
- The service was transparent, collaborative and open with all relevant external stakeholders and agencies. It worked in partnership with key organisations to support care provision, service development and joined-up care. We received positive feedback about the home from the local authority quality assurance teams.