DHCH14

Marsh House

Inspection report

Marsh House
Ulnes Walton Lane
Leyland
PR26 8LT

Tel: 01772600991

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17 November 2021

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
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 25 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
People told us they felt safe. However the provider failed to demonstrate that medicines were managed safely. Best practice for the administration of medicines was not consistently followed. The provider did not ensure risk was consistently managed. Ongoing recruitment led to a reliance on agency staff with contracted staff completing multiple roles within the home. Not all staff had received timely training to complete their roles.

The environment was not visibly clean in some areas. The home was being refurbished and people were consulted on the décor of their home. We received mixed feedback on the food. Checks were completed to help ensure prospective staff were suitable to work with people who may be vulnerable.

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 dignity was not consistently upheld. Language used by some staff did not promote people's dignity and individuality. However, observations showed people were happy and relaxed in the company of staff.

People's individual needs were assessed, and most care records reflected people's preferences and wishes. People's communication needs were considered and documented to ensure staff could meet people's individual needs and preferences. There was a complaints process and procedure which people and relatives were aware of.

The management team had auditing systems to maintain ongoing oversight of the service and make improvements where necessary. People received support with their healthcare and nutritional needs. The provider understood their responsibilities to keep CQC informed of events which may affect people and the care delivery.

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

Rating at last inspection
This service was registered with us on 19/07/2021 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 29/03/2018.

Why we inspected
This was a planned inspection based on the service being newly registered and in part to concerns about medicines, staffing and governance. A decision was made for us to inspect and examine those risks.

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.

You can see what action we have asked the provider to take at the end of this full report.

The provider had taken action to lessen the risks identified and provide additional oversight to the service.

We have found evidence that the provider needs to make improvement. Please see the safe and effective sections of this full report.

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.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

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 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
One inspector and one pharmacy inspector carried out the inspection.

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

The service did not have a manager registered with the Care Quality Commission. The provider had appointed a new manager who had yet to register with the commission.

Notice of inspection
This 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, 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 five people who used the service and two relatives about their experience of the care provided. We spoke with eleven members of staff including the nominated individual, manager, assistant manager, care workers, the handy person and members of the senior management team. We spoke with one visiting health professional.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and a variety of records relating to the management of the service. We observed the care and support people received. This helped us understand the experience of people who could not talk with us. We had a walk around the premises and looked at health and safety and infection control measures.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not managed and stored safely. Some medicines had not been recorded as being onsite and were stored incorrectly.
- Medicines were not always administered as prescribed as some medicines were out of stock.
- Documentation was not always completed to evidence safety checks had taken place. Daily fridge temperatures had not always been recorded following best practice.
- The administration of medicines did not always follow administration guidance and best practice. We shared our concerns with the manager who took immediate action.

We found no evidence that people had been harmed however, systems were either not in place to promote the safe management of medicines. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Not all staff had been trained in fire safety.
- Not everyone living at Marsh House had a personal emergency evacuation plan (PEEP).
- Not all PEEPs contained the correct information needed to support someone to a place of safety. For example, the correct bedroom number for each person. A PEEP is a plan for a person who may need assistance, for instance, a person with impaired mobility, to evacuate a building or reach a place of safety in the event of an emergency.
- Not all staff knew what a PEEP was or where to find them should they be required.
- The new manager stated the PEEPs would be reviewed and updated to reflect the correct information and lessen risk. This was completed after the inspection visit.
- Some staff told us they did not receive safeguarding training before supporting people. We looked at documentation that indicated some staff had not received safeguarding training.

We found no evidence people had been harmed however, systems were not consistently followed in the management of risk. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe with staff that supported them. One person told us, "Yes, I feel safe living here." A second person said, "I leave my door open at night and staff have a quiet walk round to check I am

safe."

Staffing and recruitment

● People told us there were not always enough staff and staff on duty were fulfilling multiple roles. One person stated, "Sometimes they are not fully staffed." A second person commented, "Sometimes they are short staffed." One relative said, "The staff are preparing meals as well as their own duties." The provider told us the chef had left unexpectedly and they were recruiting a new staff member. We looked at rotas which indicated there were days when no chef or housekeeping staff were on site. On the day of inspection, no housekeeping staff or additional carers were on site to complete the housekeeping tasks.

● The provider was reliant on agency staff while recruitment of new staff took place. Contracted staff raised concerns that they, although inexperienced and unfamiliar with the home themselves, they were left to guide agency staff on how to support people and did not have time to look at people's guidelines before delivering support. A member of management stated all agency staff had access to people's guidelines on a handheld device. The provider explained they had promptly recruited a manager and deputy manager and was rebuilding the staff team after staff had left unexpectedly.

● The provider followed robust recruitment procedures. Criminal record checks with the Disclosure and Barring Service were carried out and appropriate references were sought.

Preventing and controlling infection

● We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. The provider was recruiting additional housekeeping staff and the home was visibly unclean in some areas. We received mixed feedback from people. One person told us, "Staff don't clean your bedroom." A second person said, "One cleaner has lots of jobs to do. She comes into my room and changes my bed." There was no housekeeping staff working when we visited the home. The provider stated since the inspection housekeeping staff from other areas were supporting the home while recruitment is ongoing.

● We were assured that the provider was preventing visitors from catching and spreading infections.

● 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 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.

Learning lessons when things go wrong

● The provider had systems to review incidents. Monthly incident analysis took place that documented the provider response so action could be taken to lessen risk.

● Staff had referred people to health professionals if analysis of risk indicated specialist advice was required.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The pandemic and COVID-19 outbreak had a negative impact on the continuity of staff and the scheduling of training. However, staff told us they had not felt supported by the management team . One staff member told us, "We have gone through a rough time. We were short staffed with no support." The provider stated there had been a regular management presence in the home throughout the pandemic.
- The previous registered manager failed to ensure all staff were suitably trained at the start of their employment. A second staff member commented, "I love it here, but it's been awful. We got thrown in at the deep end. I got a day of shadowing and then I was off on my own. I used to go home crying. We didn't get any support." Training records indicated that not all staff had received suitable training at the start of their employment. A new manager and deputy manager had since been appointed and were being supported by the provider to address this. The provider stated their corporate induction process was under review.

We found no evidence people had been harmed however, some staff had not received appropriate support and training at the start of their employment. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had gone through significant changes in both the management and staff teams and an action plan had identified strategies to deliver improvements in staffing levels, management visibility within the home with increased communication with relatives.

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

- We received mixed feedback on the quality of the food. One person said, "It's pretty good, I can't grumble. They could check the temperature more." A second person stated there should be more hot options in the evening. A third person told us, "The food is lovely."
- The dining tables had tablecloths, condiments and glasses set ready for people to sit for their meals. People were able to sit with friends and chat while having their meals. We observed people sitting and enjoying their lunchtime meal.

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

- Staff referred people to specialist professionals for support and guidance. If people had specific health needs these were known by staff and accommodated.
- In the case of an emergency, person centred records were in place which were provided to health

professionals to support decision making.

Adapting service, design, decoration to meet people's needs
● People were able to bring their own items into their rooms and to personalise their rooms as they wanted to.
● The home was being refurbished and people were consulted on the décor of their home.
● Corridors were clutter free, lessening risk when people wanted to walk independently around the home.

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 provider took the required action to protect people's rights and ensure people received the care and support they needed. Appropriate applications had been made to the local authority for DoLS assessments.
● Staff knew how to support people in making decisions and how to offer choice with day to day decisions and activities.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People had their needs assessed before they came to live at Marsh House. Information gathered during assessment was then used to create their care plans.
● The provider was referencing current legislation, standards and evidence based on guidance when working to achieve effective outcomes.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- Some staff did not always promote people's dignity and individuality through the language they used and what was documented. Staff used language and referred to people as 'singles' or 'doubles' according to how many staff they needed to support them.
- Staff said they did not have the time to interact with people unless as part of a task such as supporting people with a meal or personal care. Our observations showed staff were continuously busy attending to people's support needs.
- People's independence was not consistently promoted. One person told us, "I have no independence here. Staff try to put you to bed between at eight and nine at night." With permission we shared this information with a staff member and was told the concerns would be investigated.
- People told us most staff were caring. One person told us, "The day staff are brilliant, but the night staff don't talk to you." A second person commented, "Staff at night, and if they see I am awake, they bring a cup of tea, then leave the room." A third person said, "The staff are very good, and they are very kind."
- Staff respected people's privacy and dignity. Staff knocked on doors before they entered people's private rooms and we noted conversations were discreet when people's needs, and wishes were being discussed.

We recommend the provider consider best practice on person centred care related to dignity and independence.

- The provider organised supervisions with staff on appropriate language to promote people's dignity. They stated all care plans had been reviewed to ensure they were person centred.

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

- People were supported to decide their care needs and when appropriate, relatives were being consulted in the care planning process.
- Staff asked people their opinions and views. Staff asked people to make day to day decisions such as where they wanted to sit at lunchtime, what drink they wanted and what they wanted to do.

Requires Improvement

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

● People's individual needs were assessed, and most care records reflected people's preferences and wishes. One care record did not have strategies and documentation in place to manage one person's unique behaviours. One relative told us, "At first there was no management of [relative's] care, nothing specific on her needs. Now they have a fully functioning care plan."

● Staff followed care plans to deliver person centred care.

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.

● The service met people's communication needs. These were considered and documented to ensure staff could meet people's individual needs and preferences. People were supported to use their aids if they had sensory loss and staff interacted with people in a way that met their individual needs.

● We observed staff taking time to communicate effectively with people and repeating information when necessary.

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

● The 'activity coordinator' had left their role and people and staff told us there had been limited activities since then. One person told us, "Because [activity co-ordinator] has left, we don't play games anymore." However, on the day of inspection, we observed people playing and enjoying bingo. One person on winning a prize repeatedly exclaimed, "I just can't believe it." They took pleasure in showing people what they had won and expressing how fortunate they felt.

● The provider told us they were in the process of recruiting a new activity co-ordinator. In the meantime, staff from other areas had visited the home and initiated activities and organised themed parties.

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.

● Most people we spoke with said they had no reason to raise a complaint. One person said, "Not had a crossed word." A second person stated they had complained about their medicines and it had not been resolved. This was addressed on the day of the inspection.

End of life care and support

● Staff expressed concern that they had not received training and guidance on supporting people who required end of life support. One staff member said, "There was no management, and we didn't know the DNACPR had to go with [person] when they went into hospital. We didn't know where it was." A DNACPR decision instructs medical staff on whether they should attempt to resuscitate the person. The provider stated all staff were now aware of DNACPR's and the location of the filing system where they are stored.

● There were arrangements in place to ensure necessary medicines were available just in case they were required.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The difficulty in recruiting staff had impacted on the culture of the service. There was a reliance on agency staff and the new management team had very recently been employed and not had the opportunity to drive improvement.
- Staff felt they had not received appropriate support to manage ongoing staff shortages and a COVID-19 outbreak at the home. One staff member said, "We didn't get any support. It felt like no-one could be bothered." A second staff member commented, "A second staff member commented, 'Compliance came in all the time. [Compliance managers] will come more if there is a problem."
- Senior management were consulting with people and relatives on the care being provided at Marsh House. One relative told us, "If the care home does everything they have promised it will be good."
- Staff spoke warmly about people and were knowledgeable on their unique preferences.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had auditing systems to maintain ongoing oversight and continued development of Marsh House. They had systems in place to address any issues or shortfalls to improve the service.
- The provider understood their responsibilities to keep CQC informed of events which may affect people and the care delivery. They were open and honest on what had not worked so well and where improvements might be needed. An action plan had been developed to address identified concerns.

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; Working in partnership with others

- The provider had engaged and been frank and co-operative throughout the inspection process.
- The provider worked in partnership with other organisations to ensure they followed current practice. They had developed strong positive relationships with health professionals. These included healthcare professionals such as GPs and district nurses.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not do all that was reasonably practicable to mitigate risk of people receiving care and support. Regulation 12 (1) (2) (a)(b)(f)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not do all that was reasonably practicable to ensure all staff received appropriate support and training to enable them to carry out their duties Regulation 18 (1)(2)(a)