Stoke-on-Trent City Council

Marrow House

Inspection report

Forrister Street
Meir Hay
Stoke On Trent
Staffordshire
ST3 1SQ

Tel: 01782234903
Website: www.stoke.gov.uk

Date of inspection visit:
24 January 2017

Date of publication:
17 February 2017

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?	Good

Summary of findings

Overall summary

This inspection took place on 24 January 2017 and was unannounced. At our previous in June 2016 we had concerns that people were not always receiving care that was safe, effective or well led and we had asked the provider to improve. We had found three breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection in June 2016 the registered manager sent us an action plan informing us how they planned to make the required improvements. At this inspection we found that the actions had been met and the provider was no longer in breach of any Regulations.

Marrow House is registered to provide care and support for up to 21 people. There are 16 places that offer Intermediate Care and an additional five places have the facility to offer residential support for up to six weeks whilst a permanent placement is identified. At the time of this inspection 17 people were using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People were being safeguarded from abuse as staff and the management followed the local safeguarding procedures if they suspected someone had suffered potential abuse.

Risks of harm to people were assessed and action was taken to minimise the risks through the effective use of risk assessment.

There were sufficient suitably trained staff to keep people safe and meet their needs in a timely manner. Staff had been recruited using safe recruitment procedures to ensure that were of good character and fit to work with people who used the service.

People's medicines were stored and administered safely by trained staff.

The principles of The Mental Capacity Act (MCA) 200,5 were being followed as the provider was ensuring that people were consenting to or when they lacked mental capacity, were being supported to consent to their care.

Staff told us and we saw they had received training and were supported to be effective in their roles.

People were supported to maintain a healthy diet. People were referred to other health care agencies for support and advice if they became unwell or their needs changed.

People were treated with dignity and respect and their right to privacy was upheld.

Care was personalised and met people's individual needs and preferences. Staff were responsive to people's changing needs and supported people towards achieving their own level of independence.

The provider had a complaints procedure and people told us they felt they could approach the management with concerns and they would be dealt with.

There were systems in place to monitor and improve the quality of service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were safeguarded from the risk of abuse as the provider followed the safeguarding procedures when they suspected any potential abuse.

People were supported by sufficient suitably trained staff to be able to meet people's needs safely. They were recruited using safe recruitment procedures and processes.

Risks of harm to people were assessed and precautions put in place to minimise the risks.

Is the service effective?

Good

The service was effective.

The provider was following the principles of the MCA and ensuring that people were consenting to or when they lacked capacity were being supported to consent to their care and support.

Staff were supervised and supported to be able to fulfil their roles effectively.

People's nutritional needs were met and they received health care support when their needs changed or they became unwell.

Is the service caring?

Good

The service was caring.

People who used the service were treated with dignity and respect.

People's views on the service they received were regularly sought.

People's right to privacy was respected.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their individual needs and preferences.

People were offered opportunities to engage in hobbies and activities.

The provider had a complaints procedure and people felt able to complain.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post who was liked and respected by staff and people who used the service.

Improvements had been made to the service since the last inspection. Systems had been implemented to monitor and improve the service and they were effective.

There was a positive, caring and professional approach evident throughout the staff team.

Marrow House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 January 2017 and was unannounced. It was undertaken by two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at the information we hold on the service. This included the provide'rs action plan they sent following our previous inspection and statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law.

We spoke with five people who used the service and two visiting relatives. We spoke with five members of staff, the deputy manager and registered manager.

We looked at the care records for six people who used the service. We looked at records relating to the management of the service. These included audits, health and safety checks, staff files, staff rotas, incidents, accidents and complaints records and minutes of meetings.

Good

Is the service safe?

Our findings

At our previous inspection we found that the provider was in breach of Regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not always being safeguarded from abuse as we saw that one person had been admitted into the service with severe bruising which wasn't referred to the registered manager or management for investigation. Following the inspection the provider sent us an action plan telling us how they planned to improve. We saw that the planned improvements had been made and the provider was no longer in breach of this Regulation.

Staff we spoke with recognised signs of abuse and knew what to do if they suspected someone had been abused. One staff member said: "People can become withdrawn or out of character. They may have unexplained bruising. If I saw any of these things I would report them to the registered manager who would refer them on". Another member of staff told us: "I would report anything suspicious to the management". We saw that a recent concern with one person who used the service and who had threatened another person had been discussed with the local safeguarding authority.

Regular audits of people's care plans were now being undertaken by the registered manager or deputy with 14 days of admission to ensure that any information of concern could be acted upon. The registered manager told us that they had reviewed the process of written handover to avoid duplication of recording of information regarding people who used the service so it is recorded only on their file. Staff handover was now being completed verbally at the commencement of shifts and the staff were reading the care report cards during their shift. Staff we spoke with told us the new system was working well and we saw that the registered manager kept a log of any safeguarding incidents. This meant that people who used the service were being protected from abuse or the risk of abuse.

At our previous inspection we had concerns that people's medicines were not always being managed safely. At this inspection we found improvements had been made. Medicines were stored in a secure trolley in a locked clinical room and administered safely by suitably trained staff. Audits were carried out daily to ensure that people's medicines had been administered and signed for. People who required 'as required' (PRN) medicines had protocols instructing staff when they may need them. We observed that staff asked people if they required their PRN medicines such as pain relief.

Previously we had concerns that risks of harm to people were not always minimised. At this inspection improvements had been made. We saw that people's risk assessments were clear and comprehensive detailing how staff could reduce the risk. We observed that staff followed the risk assessments, for example one person who had been assessed as being at high risk of falls required a member of staff to be in the vicinity when they were walking and they should always have their walking aid. We saw that staff ensured that this was carried out. Another person required staff to always be in attendance due to their unstable behaviour towards others. We saw that staff ensured there was always someone in the person's vicinity. This meant that risks of harm were being minimised.

Some people became anxious and aggressive and staff told us how they supported people when they

became distressed. One staff member told us: "Sometimes it's best to walk away, but stay calm and quiet in your approach. Sometimes another staff member could take over and they may respond better to them, I try and divert them, finding common ground to talk about". The registered manager told us that further training for staff was going to be made available to support staff to care for people when their behaviour escalated. The staff we spoke with told us that this training would be beneficial to them.

People told us they felt safe at the service. One person said: "It's alright. I have no concerns and I do feel safe". Another person told us: "I have a buzzer in my room but I haven't needed to use it. There always seems to be enough staff." Staff told us and we saw there were sufficient staff to safely meet the needs of people who used the service. No one was observed to have to wait to have their care needs met and people who required extra support and supervision were seen to get it. The deputy manager told us they could increase the staffing if they needed to, to meet the needs of people who used the service. However, the provider had recently agreed to stop any new admissions into the service for a short time as one person was experiencing a heightened level of anxiety. We were informed that this was done to keep people safe and to ensure that everyone's needs could be met. The person had since been discharged and the service was accepting new admissions again.

Safe recruitment procedures were being followed in relation to employing new staff. The provider had gained references and a DBS (Disclosure and Barring Service) formerly a CRB check, prior to employing people to ensure that people were of good character and fit to work with people who used the service.

Good

Is the service effective?

Our findings

At our previous inspection we found that the provider was in breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The principles of The Mental Capacity Act 2005 (MCA) were not being followed. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We had previously found that some people whilst being unwell had a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) put in place and this order had come with them to the service. We had seen two people who had a DNACPR in the front of their care file which had not been reviewed since they had been admitted into the service. These people had been assessed as well enough to leave hospital and have a period of rehabilitation; however the DNACPR's remained active in the front of their care records. The DNACPR forms had no evidence that the person themselves or a legal representative had been involved in the decision around the DNACPR.

At this inspection we found that improvements had been made and the provider was no longer in breach of this Regulation. We saw that the member of staff assessing people's needs prior to their admission instructed the hospital staff to review the person's DNACPR before they were discharged. We saw that prior to agreeing the person's admission to the service, staff confirmed with the person and their relative that they were in agreement with the DNARCPR that was in place. The provider's action plan stated; 'If they are not in agreement Marrow House staff will inform the referrer and request that this is addressed prior to the adult being discharged to Marrow House'. The provider's action plan also stated that; 'Adults who are admitted to the service with a DNACPR in place will be seen by the GP within 48 hours of admission and the GP will then make the necessary arrangements to review the DNACPR'. We were told that one person who was recently admitted had their DNACPR reviewed by the GP and it was removed with the person's consent. This meant that people's DNACPR status was being reviewed with them and they were consenting to or being supported to consent to the decision as to whether to have a DNACPR in place or not.

The Deprivation of Liberty Safeguards (DoLS) is part of the MCA. The legislation sets out requirements to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. We saw that several people had been referred for a DoLS authorisation. The registered manager recognised that some people were being restricted of their liberty as they were unable to consent to their admission and stay at the service. The registered manager had made referrals to the local authority for an authorisation of their restrictions at the time of their admission. Other people were able to consent to their stay at the service and they had contracts which they had signed.

Staff told us they felt supported and received training to be effective in their roles. They received regular support and supervision and attended regular team meetings. One staff member told us: "I have supervision about every three months. We have full staff meetings and unit team meetings where we can discuss anything to improve things". All the staff we observed were seen to be effective in their roles, following care plans, administering medications safely and interacting with people, each other and us with a positive,

professional, friendly manner.

One person told us: "I can help myself to food. The food is good and there is always a choice. You can have whatever you want within reason". Another person told us: "The food is wonderful and we have a choice. You can have snacks and drinks too, if you want". We saw that people were offered choices of meals and were offered snacks and drinks throughout the day. Some people required a special diet and this was catered for, such a soft diets and diabetic diets. People's weight was regularly monitored and recorded so staff could identify if people had gained or lost weight. If people were at risk due to weight loss, they were referred to the GP. Some people had food supplements and they were encouraged to take these regularly. Where necessary people's food and fluid intake was monitored and we saw that this was checked regularly to ensure people were eating and drinking sufficient amounts.

People had access to health care advice and support when it was needed. Within the service there were occupational therapists and community psychiatric nurses to be able to support people with their rehabilitation needs and if they were experiencing anxiety. When people became unwell or their needs changed the staff gained health professional support from the GP. The GP would refer people to other agencies if necessary. We saw one person had been complaining of pain and had been referred to a consultant. They were now taking regular pain relief and the condition was being monitored and we saw that person was offered pain relief during the inspection.

Good

Is the service caring?

Our findings

People were treated with warmth and respect and had positive and meaningful relationships with the staff. One person told us: "The staff who look after us are very good. They treat me very well and are very kind. This lady here (points to another person), she is very confused and look how kind they are, talking to her. They will always make time to sit and talk to you, they never dismiss you." We observed a staff member compassionately interacting with the person who was living with dementia. Another person said: "The staff are lovely, they love me and I love them".

People were given day to day choices about their care and support whilst encouraged to be as independent was they were able to be. One person told us: "The staff are polite and always ask permission before they do anything and knock on my door. They know me well and what I like. There are no rules around what time we go to bed or get up." Another person told us: "The staff always knock on my door. They ask if I want extra time in bed and you can get up when you want. "

We observed one person became upset and staff quietly sat with them reassuring them in a compassionate manner. Staff sat and chatted and laughed with people. A member of staff told us: "We've all got our wants, wishes and needs and we just need to find what peoples are and it makes it easier to talk to them. I like to relate my personal experiences with people so they know you understand".

People's right to privacy was respected. Everyone had their own room where they were able to spend time alone. One person had been accessing another person's room and we saw that action was taken to remedy this. The atmosphere in the service was relaxed and unhurried. No one was rushed with any task. People appeared well groomed and staff told us that people were encouraged to have regular baths and showers. A member of staff told us: "When I'm supporting someone with personal care I encourage them to do as much as possible for themselves. I will sometimes stand outside the bathroom door and say give me a shout if you need your back doing". The facilities within the building allowed opportunity for people to sit and use quiet areas and to receive visitors in private.

People's views were sought on a weekly basis and shared and discussed at their weekly reviews. Key members of staff sat with people and asked their views on the service they were receiving. We saw that one person's reviews recorded that over the weeks they had become happier and more relaxed with the service. When people required support in expressing their opinion or in making a decision due to living with dementia, the staff arranged for an advocate to support them. An advocate helps people make informed choices and speaks up on the behalf of people who lack mental capacity to do so themselves.

Good

Is the service responsive?

Our findings

People were referred to the service following a period of being unwell or a change in their health and social care needs. The service was designed to assess people's needs and support people back home or to a suitable care environment. On admission an assessment of people's needs was completed with the support of an occupational therapist. Goals were set, such as using the kettle, making simple meals or completing personal care tasks such as washing and dressing. Care plans were put in place and staff recorded people's progress towards their goals. We observed staff members supported people towards their goals as some people were making breakfast when we arrived at the service. Other people were being supported to remain independent with their mobility. People used walking aids and equipment designed to aid their mobility.

Weekly reviews of people's care and support needs took place. Support staff fed back people's progress towards their goals to the team of professionals involved in people's support. The team included the person's social worker, occupational therapist and community staff who may be supporting the person when they left the service and a member of the management team. This meant that people's progress was being monitored and their health and welfare needs being considered at regular intervals during their stay.

The environment had been adapted to meet people's social and emotional needs in relation to living with dementia. There were three separate living areas which meant people were cared for in small groups. This fostered a more intimate and welcoming environment. We saw clear bold colours and signage to help people's orientation around the service. Outside people's bedrooms were memory boxes with information about the person and the staff caring for them. There was a café/bar, reminiscence room, sensory garden, independent living kitchen and a hairdresser's salon within the service.

People were offered the opportunity to engage in hobbies and activities of their liking. One person told us: "There are some very interesting activities which I enjoy. We played bingo the other day. There are lots of things going on". We saw a member of staff engage people with a "name the missing word from a song title" game. This proved to be effective as people recalled the song and then joined in with one another singing a few lines. People were all alert and engaged with the process. We also observed a reminiscence session with items, photographs and packaging from the war years. People were fully involved and chatted about their own personal memories and were able to lead the session with their own thoughts.

The provider had a complaints procedure which was given to people and their relatives on their admission. One person told us: "I have no need to complain but if I did then I am sure that the staff would listen." Another person said: "I have had no need to complain but I have been asked my opinions". The deputy manager told us there had been no recent complaints to formally investigate.

Good

Is the service well-led?

Our findings

At our previous inspection the provider was in breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were a lack of systems in place to monitor and improve the service and people were not always receiving quality care. Following the inspection the registered manager submitted an action plan telling us how they planned to improve. At this inspection we found that the improvements had been made and they were no longer in breach of this Regulation.

Systems had been implemented to monitor the quality of care. Care plans were checked by a manager within two weeks of a person being admitted into the service to check for their quality and accuracy. We saw people's care plans and saw that the information within them was clear and comprehensive and the plans and risk assessments were regularly reviewed. The registered manager informed us that a 'working party' was in the process of looking at the care plan format and to develop one that was more person-centred and supported staff to maintain people's safety.
Medication audits now took place and senior staff were auditing each other's medication rounds. At the end of each shift the senior staff would check that their colleague had administered and signed for everyone's medication. This system meant that the medication process was safer and more robust.

Previously the handover of information had not been effective. We had found that a safeguarding incident had not been reported to the registered manager to investigate. The registered manager told us the process of written handover had been reviewed. To avoid duplication of recording, information regarding a person was recorded only on the person's file. Handover was now undertaken verbally at the commencement of shifts and staff were reading the care report cards during their shift. We saw that managers were also checking people's food and fluid balances daily to ensure people were having enough to eat and drink.

People and staff we spoke with told us that the registered manager was approachable and supportive. One person told us: "This place is wonderful. You see the manager walking around, she is very nice." A relative told us: "This is a great place. My relative has been using it at weekends and is now here for a short stay. The communication with family is excellent and I would give it a rating of 10/10."

There were regular meetings for staff to be able to air their views and suggest ways to improve the service for people. We found that staff were positive, professional and helpful throughout the inspection process. There was a caring and responsive ethos evident towards people who used service and between staff members as a team. Nothing appeared to be too much trouble and people we spoke with told us that there was nothing staff could do to better the service they were receiving.