

Review of compliance

Barchester Healthcare Homes Limited Marnel Lodge Care Home

Region:	South East
Location address:	Carter Drive Basingstoke Hampshire RG24 9US
Type of service:	Care home service with nursing
Date of Publication:	September 2011
Overview of the service:	Marnel Lodge is a new home which was first registered in April 2011. It is owned by Barchester Healthcare and provides nursing and care services as well as personalised dementia care. The home is situated on the outskirts of Basingstoke and is registered to accommodate up to 62 people.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Marnel Lodge Care Home was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review because concerns were identified in relation to:

Outcome 04 - Care and welfare of people who use services

Outcome 08 - Cleanliness and infection control

Outcome 09 - Management of medicines

How we carried out this review

We reviewed all the information we hold about this provider, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

Residents that we spoke to were generally satisfied with the care that they received.

One resident, for example, said "its not bad here, staff give me help and I like to be independent". One person confirmed that they had been able to visit before they moved in and another resident said that their privacy was always respected

Residents we spoke with said that the home was always very clean.

One person told us that they were well looked after and that the nurse gave their medicines to them which were locked in a cupboard in their room.

What we found about the standards we reviewed and how well Marnel Lodge Care Home was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

Improvements need to be made both in the information provided in care plans about how to move people safely and in the understanding of the staff about safe moving and handling techniques. Where there is need to monitor a person's condition this needs to be done consistently.

Overall, we found that improvements were needed for this essential standard.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

The home has good processes and procedures in place, which are followed, to minimise the risk of the spread of infection.

Overall we found that Marnel Lodge was compliant with this outcome.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome, however improvements are needed to the recording of medicines prescribed 'when required' in order to maintain compliance.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. Any regulatory decision that CQC takes is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are moderate concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

Some people at Marnel Lodge had difficulties talking to us because of their dementia. Therefore, not everyone was able to say how well they were being cared for and supported. To help us to understand the experiences of people who had communication difficulties we used our SOFI tool (Short Observational Framework for Inspections.) We spent time observing what was going on during a lunchtime in the dining room and recorded what sort of support people got.

We saw that staff were friendly with the residents although we observed that people were frequently called "poppet" and "sweetheart" rather than their actual names. Residents asked what they wanted to eat and were shown different meals visually to help them to make a clearer choice. Staff gave people appropriate assistance where they had difficulty in feeding themselves and acted swiftly when a resident became distressed.

Residents that we did speak to were generally satisfied with the care that they received.

One resident, for example, said "its not bad here, staff give me help and I like to be independent". One person confirmed that they had been able to visit before they moved in and another resident said that their privacy was always respected

Other evidence

The manager sent us a provider compliance assessment, (PCA) which is a self-assessment tool used by the home to monitor compliance with the essential standards.

This had been completed in respect of care and welfare of people who used services. The PCA described how people's needs were assessed; detailed what information was included in the plans of care for people and explained how the service identified and minimised any risk to residents' wellbeing. It described how people or their relatives were involved in planning their care needs. The PCA did not identify improvements that were needed.

The information contained in the PCAs was largely corroborated during our visit. For example, care plans had been written in a person-centred way and reflected people's abilities as well as their needs.

There was guidance available to staff where a particular risk had been identified, for example, if a person was likely to develop pressure sores. However, where a person's condition required monitoring to prevent a further deterioration, records we saw had not always been completed consistently. For example, one person who needed to have their blood pressure monitored every day at the same time for two weeks did not have this done every day or when it had been done, this had not been measured at the same time of day.

Files we saw had been signed by residents or their relatives to indicate that they agreed with the assessments and care plans that had been written. One resident, who preferred to have female care workers had had their wishes respected.

We carried out a second visit to the home with a moving and handling specialist as we had received some information of concern regarding moving and handling within the home. We saw that, although risk assessments for moving and handling were in place, they were not always specific enough to enable a new member of staff to manage a resident's care. We saw that two people who had frequent falls had crash mats in their rooms and the bed was put to its lowest height. We did not see any incident reports to indicate that these residents had fallen out of bed. The moving and handling expert advised that this should not be done without a detailed risk assessment. It should be clear that this is not used as a method for keeping people in bed to prevent them from wandering as this could be considered as restraint.

We observed care staff using inappropriate moving and handling techniques, hooking their arms under residents' arms when getting them to stand and when supporting them in sitting down. A similar observation had been made by an Occupational Therapist (OT) who had previously visited the home. Staff also described to us how they would assist a resident who had fallen to get up and this did not reflect correct procedures.

Our judgement

Improvements need to be made both in the information provided in care plans about how to move people safely and in the understanding of the staff about safe moving and handling techniques. Where there is need to monitor a person's condition this needs to be done consistently.

Overall, we found that improvements were needed for this essential standard.

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is compliant with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us

Residents we spoke with said that the home was always very clean.

Other evidence

The manager sent us a Provider Compliance Assessment (PCA) relating to cleanliness and infection control. This said that the home was compliant with this outcome. It said that all staff received training in infection control both during induction and as a mandatory training course which was updated every year. It told us that there were regular audits and various policies and procedures in place to reduce the risk of the spread of infection. There were procedures, for example, for cleaning the kitchen, the laundry and for cleaning equipment such as wheelchairs and hoists. There were also procedures in place for the safe disposal of waste. The PCA said that all staff had access to protective equipment such as disposable gloves and aprons.

We found during our visit that the information contained in the PCA was accurate. The home smelt fresh and appeared very clean. Staff we spoke to said that they had received training in infection control and records we saw supported this. During our second visit, staff were thoroughly cleaning people's bedrooms, including wiping down mattresses and also thoroughly cleaning the bathrooms. Staff we spoke with had a good understanding of how to minimise the spread of infection and all wore appropriate clothing.

There was guidance in the home relating to infection control and this included the "Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance". A senior manager said that there was a staff member appointed as infection control lead. At present, this staff member was responsible for

infection control at two homes. The intention was to have a staff member solely responsible for infection control at Marnel Lodge in the near future.

Our judgement

The home has good processes and procedures in place, which are followed, to minimise the risk of the spread of infection.

Overall we found that Marnel Lodge was compliant with this outcome.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

There are minor concerns with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

One person told us that they were well looked after and that the nurse gave their medicines to them which were locked in a cupboard in their room.

Other evidence

We saw medicines being given to people by a nurse or senior care worker. This was done individually from medicine cupboards in people's rooms. The staff wore tabards to inform people that they should not be disturbed. Carers and nurses said that this arrangement worked well. We saw training records for staff who administered medicines which included an assessment of their competency.

People who were prescribed medicines to be given 'as required' had care plans to support staff when giving these medicines. These included prompts for people who would not be able to tell staff when they were in pain. The medicine administration records (MAR) had been filled in with signatures or codes to show why medicines may not have been given.

The administration of some medicines that were prescribed to be given at set intervals (for example every four hours) was not recorded with an accurate time. This meant that care workers or nurses would not know when it was safe to give another dose. At the time of our visit, this information was being handed over verbally to nurses and senior carers.

Two people had run out of their painkillers during the month as not enough had been

prescribed, but the home had ensured that they did not go without by obtaining a separate supply. Senior staff in the home audited the MAR sheets to ensure that the medicines had been given and recorded correctly.

People were supported to look after some of their own medicines if they wanted to. An assessment was made of their ability to manage and locked storage was available in all the rooms.

Our judgement

On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome, however improvements are needed to the recording of medicines prescribed 'when required' in order to maintain compliance.

Action we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 09: Management of medicines
	<p>Why we have concerns:</p> <p>On the basis of the evidence provided and the views of people using the services we found the service to be compliant with this outcome, however improvements are needed to the recording of medicines prescribed 'when required' in order to maintain compliance.</p>	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent within 14 days of this report being received.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	<p>How the regulation is not being met: Improvements need to be made both in the information provided in care plans about how to move people safely and in the understanding of the staff about safe moving and handling techniques. Where there is need to monitor a person's condition this needs to be done consistently. Overall, we found that improvements were needed for this essential standard.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of this report being received.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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