

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 2012
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 meeting all the essential standards of quality and safety inspected.

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 as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 16 August 2012, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

We spoke with five residents of Marnel Lodge and they all told us that they were happy and they enjoyed living there. One person said "it's not the same as home, but you are not likely to find a better place". Another said "there's not much to trouble about". The residents told us that they could get up and go to bed when they chose and there was always help available if they needed it. They told us that they were involved in their care and could tell the staff if there was a problem.

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

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. The Provider was meeting this essential standard.

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

People experienced care, treatment and support that met their needs and protected their rights. The Provider was meeting this essential standard.

Outcome 07: People should be protected from abuse and staff should respect their

human rights

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The Provider was meeting this essential standard.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. The Provider was meeting this essential standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider had an effective system to regularly assess and monitor the quality of the service that people receive. The Provider was meeting this essential standard.

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.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

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

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We spoke with five residents who all told us that they enjoyed living at Marnel Lodge. One said that they had visited other homes before deciding to choose Marnel Lodge and told us "you are not likely to find a better place." They told us that they were involved in their care. The people we spoke with were confident that they could tell staff when something was wrong and that they would put it right.

Other evidence

People were supported in promoting their independence and they were involved in making decisions about their care and treatment.

We observed staff addressing people in the home by name, and treating them in a dignified and respectful manner. We saw some staff members taking time to stop and have a chat with the people who lived in the home.

We looked at five care plans. Each demonstrated that either the person or their relatives had been involved in writing the plan. One plan was for a resident with particularly challenging needs. The plan documented the residents' preferences and how they changed. All involvement of their family to achieve the support required alongside the residents' wishes had also been recorded. This meant that the resident

was supported in the most appropriate way for their individual needs. The Provider may wish to note that there were occasional gaps in the review information in the care plans.

The home had a full time activities coordinator who supported residents to participate in activities such as gardening, board games, a 'pets as therapy' dog, karaoke and a 'Marnel Lodge talent contest'. There was a regular morning for worship and a weekly outing in the home's minibus. One resident told us that they particularly enjoyed the outings to have fish and chips. There was a timetable for activities and photo albums of all the activities which had gone on in the past.

The upper floor was a 'Memory Lane' unit specifically for residents with dementia. The décor was designed to assist the residents to move around freely and locate places such as the bathroom and lounge easily. There were themed areas such as 'the movies', gardening and parenting which were well used by the residents.

We saw that monthly meetings had taken place for the families and residents. Those people who were unable to attend the meetings were spoken to individually in their rooms if they wanted to contribute. The minutes showed that the residents were encouraged to raise issues and then score the home out of ten. The records showed that the home usually scored eight out of ten. This meant that the residents and their families had some input into how the service was run.

Our judgement

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. The Provider was meeting this essential standard.

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

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

The residents we spoke with were happy and said they enjoyed living at Marnel Lodge. They all told us that they liked the staff "excellent, really good" and "not bad at all". One person we spoke with said "I'm happy to be as independent as possible, but I get help when I need it". They also said that from time to time at night they had to wait for assistance so thought that there weren't always enough staff.

All of the people we spoke with said they thought the food was "really good". One person said "Lots of choice and it tastes good too". They said that evening snacks were available and they enjoyed these.

Other evidence

Our previous inspection found that improvements were required meet this essential standard. As a result of this visit we found that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

The care plans contained a recent photograph and an assessment of capability and need for all aspects of life such as personal care, sleeping, mobility, nutrition, pain and tissue viability. Consideration had been given to end of life care and people's capacity to consent to treatment. They were signed by the resident or a member of their family. The plans were current and had been reviewed recently. There were also records from visiting health care professionals. The provider may wish to note that there were some gaps in the progress and evaluation information in some of the care plans.

Risk assessments had been carried out for each section of the care plan. Where the

assessment had identified a medium or high risk then there were specific actions to follow. Those who were identified as being at risk of insufficient nutrition and hydration had frequent measurements of Body Mass Index and weight. This would trigger consultation with the chef about an enriched diet, food and fluid monitoring and where appropriate referral to a dietician. We saw that these had been correctly completed and followed.

One care plan we saw stated that in order for the resident to be moved safely from their bed to a chair moving and handling equipment was required. The plan recorded which hoist and sling were needed. There were detailed instructions as well as a picture diagram showing exactly how the equipment was to be fitted and used. Staff we spoke with told us that they had recently received refresher moving and handling training. They confirmed that there were always two staff to assist a resident who used a hoist.

One care plan we looked at contained a short term plan due to the person having an increasing number of falls. The risk assessment had been reviewed and the desired outcome recorded. A short term plan had been written detailing how this would be achieved. This had been followed and no further falls had occurred since March 2012. Another care plan we saw detailed that two days prior to our visit a resident had started an integrated care pathway for the last days of life. This had been agreed by family members and the GP. Detailed records were being kept for the resident monitoring behaviour, sleep, position and food and fluids. The care plan had been updated to reflect the new pathway. This meant the resident was being closely monitored in order for staff to be able to provide the most appropriate support for their changing needs.

The deputy manager told us of a new resident due to move into the home who required a compression bandage. In order to be able to fully meet the needs of this resident several staff had received external training in the application of compression bandages and were now training other staff within the home. This meant that the home had made sure that they had enough correctly trained staff to fully support the resident from the very start of their care.

The home was introducing a "Resident of the day" scheme where each resident would become the focus for one day each month. This entailed reviewing their care plan with them, giving their room a deep clean and spending 'extra' time with them. This meant that all staff would get to know each resident better and allow for that person to get regular "special day". They also told us that although all staff worked as a team, for personal care, each staff member would be allocated a number of residents each day to improve continuity of care for the resident.

We observed several residents having lunch in the dining room. The dining experience was pleasant and sociable. Each resident was presented with a choice of two dishes and they had the opportunity to see the dish before making their choice. Each meal was plated on demand which meant that the food was well presented and at the correct temperature. Residents were offered a choice of drink and were given plenty of time to finish their meals. Those who required assistance were supported discreetly and their dignity was maintained.

Our judgement

People experienced care, treatment and support that met their needs and protected their rights. The Provider was meeting this essential standard.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We were told by the residents that they felt safe and there was always someone to help them when they needed it. Two residents we spoke with said that it was a friendly place and everyone got along well.

Other evidence

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

On our visit we saw the safeguarding policy. Staff members told us that they had received safeguarding training on their induction. We spoke with staff members and they were able to demonstrate a good understanding of abuse issues and knew what to do if they witnessed or suspected abuse

Training records showed that the 42 out of 46 staff working at Marnel Lodge had received safeguarding training.

One resident had a short term care plan in place because of challenging behavioural needs. The plan stated that staff members should always attend to them in pairs. This meant that both the staff members and the resident were protected. The deputy manager told us that a review was underway to ensure that the resident was in the most appropriate place to be fully supported.

Our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The Provider was meeting this essential standard.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

We spoke to people using the service but their feedback did not relate to this standard.

Other evidence

Staff received appropriate professional development and were able, from time to time, to obtain further relevant qualifications.

We saw that the majority of staff had completed the mandatory training and refresher courses in line with the policy of the home. One staff member we spoke with was able to comment on their induction and said that it was "very good and thorough". They said they had covered topics such as safeguarding, moving and handling, infection control and food hygiene. They said the moving and handling training was fully interactive and they had found it very useful to know how it felt to be lifted in a hoist. The staff members we spoke with had been on dementia training which they said was very helpful to their roles. The deputy manager told us that staff were supported to complete further training and this was confirmed by the staff we spoke with.

Staff members told us that communication within the team was good. They said that they felt there was always plenty of support from the team they worked with as well as the manager. One staff member said that there had been three managers over a short period of time and this had caused disruption. They also said that the current management was "moving the home in the right direction" and it was gaining stability.

The deputy manager told us that due to current staffing levels the home did have to use agency nurses and care workers. They told us that to maintain as much continuity as

possible the home only used one agency and requested the staff members who had worked at the home before. All new agency staff had to complete an induction which was signed off by the nurse in charge. They would then work alongside a permanent member of staff. This meant that they were supervised and had adequate support.

Staff told us that they had regular staff meetings for care staff and another for nursing staff. We saw from the minutes that staff morale had been discussed earlier in the year and the manager had acknowledged this and was trying to improve it. We asked about regular 1:1 appraisals and supervisions and were told that the staff had had one annual appraisal with the manager and further supervisions every six months. One staff member we spoke with said that they had more frequent informal meetings with their head of department and was happy to ask questions and raise issues at any time.

Our judgement

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. The Provider was meeting this essential standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

Residents told us that they were able to raise any issues with the manager or other staff at any time. One resident told us of a time when they had made a complaint. They told us that it had been sorted out straight away and they were happy with the result.

Other evidence

The provider had an effective system in place to identify, assess and manage the risks to health, safety and welfare of the people using the service and others.

We saw the provider's internal audit which was continually monitored by their head office. The 'Managers Quality Assurance Tool' covered all aspects of the home and was completed regularly by the manager. Any areas of concern or issues were identified. A decision was made as to how to improve, who would be responsible and when it would be done. This was then checked by head office to ensure that each of the identified actions had been completed within the time stated. There were also additional, more specific audits such as medications, infection control and health and safety undertaken each month. In our previous inspection we found that improvements were required in the recording of 'as required' medication in order to maintain compliance. On this visit we saw that training in this area remained a priority for the deputy manager. They explained to us that all of the nursing staff had been trained in this area. However because they were still recruiting and using agency nurses the training was to remain a priority to ensure continued compliance.

The deputy manager monitored the occurrence of pressure ulcers and those who had

nutritional needs monthly. This meant that any change in weight or degradation in skin quality was noted and monitored closely. Short term care plans were written and referrals to other health care professionals made where appropriate. This allowed the home to evaluate their care plans and to identify any patterns or trends.

The provider involved the staff, the residents and their families in decisions made about the home and service by encouraging their participation in regular meetings. In addition to meetings, a provider survey was sent out from head office to each resident and their family on a yearly basis. The results were collated and analysed centrally. The home was also in the process of handing out a bespoke survey to visitors which they hoped would provide useful feedback.

We saw the compliments and complaints file. There were a few complaints made this year which had been well documented and responded to in a timely manner. We followed an on going complaint through on the computer system and saw that it had been well recorded and appropriate action had been taken. There were numerous compliments in the file and a selection had been posted on the notice board in the entrance hall for all visitors to read.

Our judgement

The provider had an effective system to regularly assess and monitor the quality of the service that people receive. The Provider was meeting this essential standard.

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.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. 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

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
Further copies from	03000 616161 / www.cqc.org.uk
Copyright	Copyright © (2010) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA