

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Marsh House

Victoria Road, Ulverston, LA12 0ER

Tel: 01229894114

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Cumbria Care
Registered Manager	Mrs. Julie Lowery
Overview of the service	<p>Marsh House is a care home registered to provide care for up to 28 older people, situated within walking distance of Ulverston town centre. It is run by Cumbria Care an internal business unit of Cumbria Council.</p> <p>The home is on two floors with most bedrooms upstairs and three lounge/dining rooms on the ground floor. Two of the rooms are available for short stay respite care. There is also a small garden for people living in the home to use.</p>
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 13 June 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

People told us that Marsh House was a very nice place in which to live.

"We get very well looked after here and we don't want for anything".

"I don't sleep very well and the night girls always bring me a cup of tea.....very welcome indeed".

"I have a very nice room and I don't mind if you want to look in".

Medication and health care were well managed and people got the right levels of support to keep well and comfortable.

Staffing levels were good and met the needs of the people living in the home. The staff team were skilled, knowledgeable and well supported.

Records were well kept and stored securely.

The service had received no formal complaints but people in the home and their families were empowered to speak up and ask for what they wanted and needed.

Staff were also encouraged to make their views known and suggestions about the running of the home.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

During the visit people who used the service told us their care preferences and choices had been discussed with them and their agreement to their care plan had been sought. When we discussed this with the manager she told us the initial plan of care was prepared with the help of the person who had just moved in to the home.

We looked at four care records and these showed that the people concerned had been involved in developing their care plans and had given their agreement to them. All of them had signed to say they were in agreement with the level of care and support they would be given. For people who experienced difficulty in signing their records there was evidence of family involvement.

We observed that each person had the opportunity to express their views about what action should be taken if a life threatening emergency occurred. Details about end of life care and peoples' wishes about this were documented and reviewed each month. On the care plans we looked at we could see that people were given the opportunity to make this important decision themselves

There was nobody in the home that had chosen to be responsible for handling their own medicines although one person was administering their own topical medicines (creams) and there was an up to date risk assessment in place regarding this.

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and was provided in line with plan of care.

Reasons for our judgement

We spoke to some of the people who lived in Marsh House and invited them to share their experience of the care and support they received. One person said, "It is very good here and the staff are lovely. I have no regrets about moving in". Another said, "I have a lovely room and you can have a look at it if you want to". Someone else said, "I don't sleep well and the girls often bring me a cup of tea which I enjoy".

We looked at the care record files for four people living at the home and these records included the personalised plan of care. The records were arranged in a systematic way with an index of contents. This made it easy to locate specific documents. The records were individualised and included a pre-admission assessment, the person's life history and their likes/dislikes. We observed that health assessments, risk assessments, nutritional assessments and daily records were in place. Care plans were detailed and provided staff with clear guidance about how to support the person. We could see that assessments and care plans were reviewed each month.

Every care plan contained a detailed dietary assessment which showed regular weights recorded. Reviews showed that, if a person was losing weight and in danger of becoming malnourished, staff were given written instructions about fortified diets and high calorie meals. There was also evidence that the dietician or speech and language therapist were consulted if necessary.

Health care needs were met by close working relationships with the people's own doctor or the district nursing service. We were able to speak to a visiting nurse and she confirmed that the district nursing team had recently started a weekly clinic at the home for people to discuss their health needs. This was proving very successful. They also told us that they were happy with the care and support provided by the staff at Marsh House.

Detailed records were maintained of consultations with, or visits from, health and social care professionals. In addition, a record was maintained of visits from, and communication with, people's relatives.

From our observations during the inspection, we noted that people living at the home were

well cared for. Staff were regularly checking people to see if they needed support, including people who chose to remain in their rooms.

The home did not have a designated activities coordinator but two members of the care staff team had delegated responsibility for providing activities and outings. During our visit 10 people and two staff went for a trip on the 'Dial-a Ride' bus and we were told this was a twice-weekly event.

From our discussions with people living at the home, relatives and staff, we heard there were plenty of varied activities held on a regular basis and the planned weekly activities were displayed in the foyer.

We saw that the manager audited care plans on a regular basis for quality assurance purposes, to check whether peoples' needs had changed and ensured these continued to be met. We saw evidence to show that concerns identified were acted upon, for example, increased frequency of observations.

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

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment and were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

We made a tour of the home during our visit. On our walk around the building we saw that rooms were clean and well maintained and that people were able to personalise them with their own pictures and personal items.

We found all areas of the home to be clean, tidy and free from offensive odours and in a well maintained state. The bathrooms, toilets, kitchen and laundry areas we observed were clean and had appropriate systems for waste disposal through a licensed disposal company.

A programme of quality checks or 'audits' was in place to help make sure that the organisation's policies and procedures with regards to infection control were being put into practice appropriately. We examined a copy of the completed audit tool and this evidenced there were good infection control practices in place throughout the home. The result indicated a high overall score regarding the standards of cleanliness and infection prevention. There was evidence of monthly internal environmental and maintenance audits having been carried out and visual checks on equipment.

There was a designated infection control lead on the staff team and there were regular updates to infection control training to ensure staff were kept up to date with current legislation. When we spoke to staff they were well aware of the importance of cross infection and the need to keep this to a minimum.

There was evidence around the home of a plentiful supply of gloves and other protective clothing and staff were seen wearing this appropriately.

Marsh House had an appropriate cleaning schedule that was completed after every shift, signed and dated. Audits of the schedule were in place and completed every month.

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The manager explained that staff retention was good at the home and there was a low staff turnover with many of the staff having worked there for many years. This helped to ensure that people who used the service experienced continuity of care. There was a detailed staff induction in place that helped to ensure that new staff had the skills and basic training to offer the necessary care and support to people.

Staff then received appropriate professional development. There was a staff training and development programme in place to ensure that staff had the skills and knowledge to meet the varying needs of the people in their care. The manager confirmed that staff training in a number of subjects was available and she ensured all staff were available to complete the courses. The mandatory training programme in place at the home ensured that staff were given a wide breadth of knowledge in order to be able to deliver care and support to people effectively and safely.

Staff were able, from time to time, to obtain further relevant qualifications. This included National Vocational Qualifications (NVQ) in care to levels two and three. Staff had also been trained to meet the needs of people with dementia and other related mental health needs. Person centred care planning was also on the training programme to help ensure that staff continued to deliver care and support which is centred on people as individuals.

Staff also received regular supervision and appraisals. One person said, "We all get regular supervision where we can bring up anything we want to talk about or discuss our training needs".

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people received. There was also an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

Reasons for our judgement

Everyone we spoke with told us they had been asked about their views of the services provided at Marsh House. People told us they would be confident speaking to the home manager if they had any concerns about the service they received. One person told us, "[The manager] really wants you to know she's there for you, she discusses everything with us" Throughout our inspection we saw that staff asked people for their views in an informal manner. As we moved around the building we saw the manager spending time chatting to people in the lounges.

We saw that the manager had good systems in place to monitor the quality of the service and to check records were kept up to date. Monthly audits were completed on people's care records, medication records, risk assessments and fire safety procedures. These checks made sure people continued to receive the care they needed and protected their safety in the home.

Annual questionnaires were sent to people who lived in the home and their relatives. Any suggestions or concerns raised on the replies were dealt with as soon as possible. Regular meetings were held for people who lived in the home and the manager told us, "They are well attended and very vocal". We saw evidence that risk assessments, care plans, policies and procedures and routine systems were checked consistently and any issues looked at and the system reviewed.

Staff meetings were also held regularly with senior staff meeting with the manager on separate occasions.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

During this visit to Marsh House we examined a sample of the records required. We found that care plan records and entries indicated that care records had been reviewed each month. We could see that records were kept of the monthly checklist being used as a tool to make sure that all general observations, risk assessments, support needs, daily record evaluations and the actual care plans had been updated to reflect changes in people's needs.

We found that records to monitor and manage people's nutritional needs had been updated to reflect significant changes such as weight loss. Records indicated that staff had monitored and recorded food and fluid where assessed as needed, as well as checking body weight each week or month according to identified risks. There were records to demonstrate that this had been done and that relevant health care professionals, such as the dietician and speech and language therapist, had been contacted for help and advice.

The manager had retained records relating to the running and maintenance of the premises including, medical devices and moving and handling equipment, electrical testing, fire safety and monies or valuables being kept for people. Guidance was in place for staff regarding Data Protection legislation.

We found that the personal and care records of people were being kept securely in locked filing cabinets within the office or on each unit and staff personnel files were also kept securely. Staff records were in good order with all the necessary information regarding their ability to work in the home. All confidential information was stored correctly and securely but was easily available if required.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – 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.

Moderate impact – 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.

Major impact – 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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