Inspection Report

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

Marnel Lodge Care Home

Carter Drive, Basingstoke, RG24 9US

Tel: 01256471250

Date of Inspection: 25 June 2013

Date of Publication: July 2013

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
Meeting nutritional needs	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Barchester Healthcare Homes Limited
Registered Manager	Mrs. Elizabeth Barrett
Overview of the service	Marnel Lodge 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.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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 looked at the personal care or treatment records of people who use the service, carried out a visit on 25 June 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We spoke with seven people living in Marnel Lodge, one relative and two friends of people living in the home. We also spoke with three staff.

We saw that people were spoken to and treated with respect and dignity. We observed staff giving people choices and encouraging them to make decisions. We looked at four care plans and saw that people and their family members were involved in writing them. One person's relative we spoke with said "the communication is very good, they keep me informed".

People's needs were assessed. The care and support plans we looked at held information for staff on how to best support people. We saw that these were regularly reviewed and updated as people's needs changed. People we spoke with told us that they enjoyed living in Marnel Lodge. They said "the staff are lovely". Friends of one person told us "we tell all our friends about this place, it's amazing. One of the nicest homes we've been to". We saw that there was a schedule for daily activities. During our inspection there was a game of bingo, a trip to a garden centre and a visit from a pets as therapy dog.

We saw that people were offered food and drinks throughout the day. People were assisted by staff where appropriate. There was a system in place to ensure that risk of malnutrition was monitored.

There were sufficient staff to meet the needs of the people living in Marnel Lodge. One person said "I don't have to call for staff, they are just there".

There was an effective process for assessing and monitoring the quality of the service.

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

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We saw that people were spoken to with respect and addressed by their preferred name. We heard staff offer people choices and encourage them to make decisions. We observed the morning activity in one of the lounge areas. Staff members encouraged people to participate and assisted them to get involved. However, where people chose just to watch this was respected.

We observed a nurse offering one person their medication. The person had limited verbal communication and some physical difficulties. We saw that the nurse discreetly explained what was happening and asked the person if they wanted their medication. The person took their time to understand and respond, this was respected.

We looked at four care and support plans. It was clear that they had been written with the involvement of the person or their family. People's preferred daily routines were recorded. The people living at Marnel Lodge told us they chose what they wanted to do. They said they got up and went to bed when they liked. One person said "if you need or want anything, you just ask".

We spoke with one relative who told us that they were very involved in their family member's care. They said "the communication is very good, they keep me informed". They also said they could ask any member of staff if they had a query. They were confident any concerns would be quickly sorted out.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at four care and support plans. We saw that each person had an assessment of need before moving into the home. Their support plan had been written around their needs and it was clear that the person or their family had been involved. We saw that these were reviewed regularly and where appropriate changes had been made. One care plan we looked at documented how the person had been very ill recently. Their support plan clearly recorded their changing needs and had guidance for staff on how to best support them.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Each section of the support plan had an individualised risk assessment where appropriate. One of the plans we looked at was for a person who required bed rails. We saw that this had been risk assessed and discussed with a family member who had signed the assessment to indicate their agreement. Where people required the use of specific equipment such as hoists and specialist mattresses this was recorded in their care plan and risk assessment. The provider may find it useful to note that specific details such as the setting for the air mattress or the exact setting for use of the hoist sling were omitted.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. Each person's care plan included information about their needs in relation to age, gender, culture, religion and ethnicity so that these needs would be met. People's life history obviously influenced their support needs. We saw this was partly documented in guidance to staff on how that support should be delivered. However, the provider may find it useful to note that there wasn't a complete life history in the files we looked at.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People were provided with a choice of suitable and nutritious food and drinks. We observed that people were offered drinks and snacks throughout the day. There were 'coffee shop' areas where people and their relatives could help themselves to hot and cold drinks and a selection of cakes and biscuits. We spent time observing in one of the dining rooms at lunch time. Lunch was a sociable time. People chose where to sit and what they wanted to eat and drink from the menu. For those people who were not sure which dish they wanted, staff bought them a plate of each option so they could see which they preferred.

We saw that one person needed encouragement to eat. This was done with respect and dignity. Staff gave them appropriate assistance but encouraged them to maintain their independence and feed themselves. One person tried one of the dishes and then decided they didn't really like it. We saw that they were offered an alternative straight away. One person told us "I do think they do nice dinners and lunches here". Another said they had enjoyed their lunch, "especially the pudding".

We spoke with a nurse who was the lead for nutrition. They explained to us that all residents were assessed using the Malnutrition Universal Screening Tool (MUST) for risk of malnutrition. They told us that any people who were assessed as medium or high had their food and fluid intake monitored. This allowed staff to determine if the person was deteriorating, improving or remaining stable. They said that people who had been assessed as low risk were weighed monthly. Those of medium or high risk were weighed weekly. We saw that this was the case in three of the four care plans we looked at. The fourth person was not weighed regularly due to their condition. This was well documented in their support plan. We saw that their food and fluid intake was monitored and recorded daily.

Two of the support plans we looked at were for people who were at high risk of malnutrition. We saw that they had a specific care plan for eating and drinking. This noted that the chef had been informed and was providing the person with a fortified diet. Guidance was given to staff on how to encourage the person to eat and drink more, including what foods they should be encouraged to eat and what they liked. This meant that people were supported to be able to eat and drink sufficient amounts to meet their needs.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

At the time of our inspection there were 48 people living in Marnel Lodge. We looked at the rota and saw that there were two nurses and ten care staff on duty in the morning. There were two nurses and seven care staff in the afternoon. At night there were two nurses and three care staff on duty. We looked at the rota for the last month and saw that in the majority of cases where necessary the provider had used agency staff to fill gaps. The provider may find it useful to note that on two occasions we found that there were one or two care staff short of a full compliment.

Staff members we spoke with told us that they thought there were enough staff. They said there were occasions when people calling in sick meant they were short of staff but this was usually covered by agency staff.

People living at and visiting Marnel Lodge told us that they thought there were enough staff. One relative said "I am here every day and never struggle to find a member of staff to help". Friends of one person said "the staff here are great, amazing." One person living in Marnel Lodge told us that they always got help when they needed it. They said "I don't call for help, they are just there". We observed that people were offered assistance in a timely manner. Call bells were answered quickly and staff had time to spend talking to people as well as assisting them with their care and support.

The manager told us that basic staffing levels were calculated by the number of people living in the home. They explained, however, that if a person had high needs then this would be separately assessed. A time in motion study was completed to determine the number of extra hours they needed support for. We saw that this had been completed and documented in one of the support files we looked at.

We spoke with the training manager for the home. They showed us the induction package and training requirements for staff. They explained that training was monitored weekly and all staff had to complete training in safeguarding, fire safety, infection control and moving and handling before working on duty. The quality of people's work was continually monitored throughout their induction. This meant that there were enough qualified, skilled and experienced staff to meet people's 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 the service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about care and treatment and they were acted on. There were monthly residents and relatives meetings where people were encouraged to share ideas and raise concerns. There was a newsletter created to keep people up to date with everything that was going on in the home.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. We looked at the care plans for four people who had medium to high risk skin integrity issues. We saw that there was clear guidance to staff on what to look for, what to do and who to report to if concerns were noted. In two of the care plans we saw that care staff had noted deterioration in people's skin. This had been reported to the nurse in charge who in turn had assessed the person and requested the tissue viability nurse to attend for advice. We saw that this had been done in a timely manner and was clearly recorded.

The provider took account of complaints and comments to improve the service. We saw that the provider recorded all complaints made and kept a log of their actions. Any actions taken were recorded and the complainant responded to in a timely manner. There were numerous compliments cards of which a selection was displayed in the entrance area for everyone to look at.

The deputy manager completed a monthly audit of tissue viability concerns, people's weights, incidents and investigations and any infections. We saw that these were collated and analysed to determine if any action was required. The manager also audited the 'resident of the day's' care plan. We saw that a form was completed with actions for the nurse to complete. This meant that there was evidence that learning from incidents and investigations took place.

The manager and deputy manager conducted unannounced night time visits every few months. These were recorded and any concerns addressed with the staff appropriately. The provider conducted monthly visits. Each aspect of the service was inspected over the course of the year. Staff and people who lived in the home were spoken with as part of the

audit. Compliments, concerns and required changes were recorded and discussed with the manager. The manager also completed a Quality Assurance Tool twice a year which covered every aspect of the service. The result of this formed an action plan of changes with clearly identified deadlines and who was responsible for completing the action.

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.

Contact us

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